

AMICUS THERAPEUTICS INC  
 Form 4  
 February 25, 2008

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 FHM IV LP

2. Issuer Name and Ticker or Trading Symbol  
 AMICUS THERAPEUTICS INC  
 [FOLD]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
 601 UNION STREET, SUITE 3200  
 (Street)

3. Date of Earliest Transaction  
 (Month/Day/Year)  
 02/21/2008

\_\_\_\_ Director  
 \_\_\_\_ Officer (give title below)  
 \_\_\_X\_\_\_ 10% Owner  
 \_\_\_\_ Other (specify below)

SEATTLE, WA 98101

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 \_\_\_ Form filed by One Reporting Person  
 \_\_\_X\_\_\_ Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
Common Stock				(A) or (D) Price	2,586,886	I	By Frazier Healthcare IV, LP <u>(1)</u> <u>(2)</u>
Common Stock				(A) or (D) Price	13,128	I	By Frazier Affiliates IV, LP <u>(1)</u> <u>(2)</u>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

SEC 1474  
 (9-02)

Edgar Filing: AMICUS THERAPEUTICS INC - Form 4

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Beneficially (Instr. 5)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FHM IV LP 601 UNION STREET, SUITE 3200 SEATTLE, WA 98101		X		
Frazier Healthcare V, LP 601 UNION STREET, SUITE 3200 SEATTLE, WA 98101		X		
FHM V, LP 601 UNION STREET, SUITE 3200 SEATTLE, WA 98101		X		
FHM V, LLC 601 UNION STREET, SUITE 3200 SEATTLE, WA 98101		X		
FRAZIER HEALTHCARE IV LP 601 UNION STREET, SUITE 3200 SEATTLE, WA 98101		X		
FRAZIER AFFILIATES IV LP 601 UNION STREET, SUITE 3200 SEATTLE, WA 98101		X		

## Signatures

FHM IV, LP, By: FHM IV, LLC, its General Partner, By: /s/ Thomas S. Hodge, Chief Operating Officer

02/25/2008

\_\_Signature of Reporting Person

Date

02/25/2008

Edgar Filing: AMICUS THERAPEUTICS INC - Form 4

Frazier Healthcare V, LP, By: FHM V, LP, its General Partner, By: FHM V, LLC, its General Partner, By: /s/ Thomas S. Hodge, Chief Operating Officer

\_\_Signature of Reporting Person

Date

FHM V, LP, By: FHM V, LLC, its General Partner, By: /s/ Thomas S. Hodge, Chief Operating Officer

02/25/2008

\_\_Signature of Reporting Person

Date

FHM V, LLC, By: /s/ Thomas S. Hodge, Chief Operating Officer

02/25/2008

\_\_Signature of Reporting Person

Date

Frazier Healthcare IV, LP, By: FHM IV, LP, its General Partner, By: FHM IV, LLC, its General Partner, By: /s/ Thomas S. Hodge, Chief Operating Officer

02/25/2008

\_\_Signature of Reporting Person

Date

Frazier Affiliates IV, LP, By: FHM IV, LP, its General Partner, By: FHM IV, LLC, its General Partner, By: /s/ Thomas S. Hodge, Chief Operating Officer

02/25/2008

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) There is no direct relationship among or between FHM V, LLC, FHM V, L.P. and Frazier Healthcare V, L.P., on the one hand, and FHM IV, LP, Frazier Healthcare IV, LP and Frazier Affiliates IV, LP, on the other. Beneficial ownership of Issuer shares as described herein and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of the shares for purposes of Section 16 or for any other purpose.

(2) The securities are owned directly by the entity listed. Frazier Healthcare IV, LP and Frazier Affiliates IV, LP are joint filers. The designated filer, FHM IV, LP, serves as the general partner of Frazier Healthcare IV, LP and Frazier Affiliates IV, LP. FHM IV, LP disclaims beneficial ownership of the reported securities, except to the extent of its proportionate pecuniary interest therein.

### Remarks:

#### Exhibit 99.1 - Joint Filer Information

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.