

AMICUS THERAPEUTICS INC
Form 4
August 10, 2007

FORM 4

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

OMB APPROVAL

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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)

3. Date of Earliest Transaction (Month/Day/Year)
08/08/2007

___ Director ___X___ 10% Owner
___ Officer (give title below) ___ Other (specify below)

TWO UNION SQUARE, 601
UNION STREET STE 3200

(Street)

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

SEATTLE, WA 98101

(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 Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	08/08/2007		P	29,600 A \$ 11.5	252,415	I	By Frazier Healthcare V, LP <u>(1)</u> <u>(2)</u>
Common Stock					2,586,886	I	By Frazier Healthcare IV, LP <u>(2)</u> <u>(3)</u>
Common Stock					13,128	I	By Frazier Affiliates IV, LP <u>(2)</u> <u>(3)</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.

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(9-02)

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 Beneficially Owned (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FHM IV LP TWO UNION SQUARE 601 UNION STREET STE 3200 SEATTLE, WA 98101		X		
FRAZIER HEALTHCARE IV LP		X		
FRAZIER AFFILIATES IV LP		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		

Signatures

FHM IV, LP By: FHM IV, LLC, its General Partner By: /s/ Thomas S. Hodge, Chief Operating Officer	08/10/2007
__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	08/10/2007
__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	08/10/2007
__Signature of Reporting Person	Date
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	08/10/2007
__Signature of Reporting Person	Date
FHM V, LP By: FHM V, LLC, its General Partner By: /s/ Thomas S. Hodge, Chief Operating Officer	08/10/2007
__Signature of Reporting Person	Date
FHM V, LLC By: /s/ Thomas S. Hodge, Chief Operating Officer	08/10/2007
__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) The securities are owned directly by Frazier Healthcare V, LP. FHM V, LP, a joint filer, serves as the general partner of Frazier Healthcare V, LP and FHM V, LLC, serves as the general partner of FHM V, LP. FHM V, LP and FHM V, LLC disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein.

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.