

AMICUS THERAPEUTICS INC  
 Form 3  
 May 30, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â NEFF P SHERRILL</p> <p>(Last) (First) (Middle)</p> <p>C/O QUAKER BIOVENTURES,Â 2929 ARCH STREET, CIRA CENTRE</p> <p>(Street)</p> <p>PHILADELPHIA,Â PAÂ 19104</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>05/30/2007</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>AMICUS THERAPEUTICS INC [FOLD]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner  <input type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
--	---	--	--	---	--

**Table I - Non-Derivative Securities Beneficially Owned**

<p>1. Title of Security (Instr. 4)</p>	<p>2. Amount of Securities Beneficially Owned (Instr. 4)</p>	<p>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</p>	<p>4. Nature of Indirect Beneficial Ownership (Instr. 5)</p>
--	--	---	--

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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.**

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

<p>1. Title of Derivative Security (Instr. 4)</p>	<p>2. Date Exercisable and Expiration Date (Month/Day/Year)</p> <p>Date Exercisable      Expiration Date</p>	<p>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</p> <p>Title      Amount or Number of</p>	<p>4. Conversion or Exercise Price of Derivative Security</p>	<p>5. Ownership Form of Derivative Security: Direct (D)</p>	<p>6. Nature of Indirect Beneficial Ownership (Instr. 5)</p>
---	--	--	---	---	--

Edgar Filing: AMICUS THERAPEUTICS INC - Form 3

				Shares		or Indirect (I) (Instr. 5)	
Series C Convertible Preferred Stock	08/16/2005	Â (3)	Common Stock	396,825 (3)	\$ 0 (3)	I	Quaker BioVentures, L.P. (1)
Series C Convertible Preferred Stock	08/16/2005	Â (3)	Common Stock	132,275 (3)	\$ 0 (3)	I	Garden State Life Sciences Venture Fund, L.P. (2)
Series C Convertible Preferred Stock	04/17/2006	Â (3)	Common Stock	396,825 (3)	\$ 0 (3)	I	Quaker BioVentures, L.P. (1)
Series C Convertible Preferred Stock	04/17/2006	Â (3)	Common Stock	132,275 (3)	\$ 0 (3)	I	Garden State Life Sciences Venture Fund, L.P. (2)
Series D Convertible Preferred Stock	09/13/2006	Â (3)	Common Stock	135,586 (3)	\$ 0 (3)	I	Quaker BioVentures, L.P. (1)
Series D Convertible Preferred Stock	09/13/2006	Â (3)	Common Stock	45,195 (3)	\$ 0 (3)	I	Garden State Life Sciences Venture Fund, L.P. (2)
Series D Convertible Preferred Stock	03/09/2007	Â (3)	Common Stock	135,586 (3)	\$ 0 (3)	I	Quaker BioVentures, L.P. (1)
Series D Convertible Preferred Stock	03/09/2007	Â (3)	Common Stock	45,195 (3)	\$ 0 (3)	I	Garden State Life Sciences Venture Fund, L.P. (2)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
NEFF P SHERRILL C/O QUAKER BIOVENTURES 2929 ARCH STREET, CIRA CENTRE PHILADELPHIA, PA 19104	Â X	Â X	Â	Â

## Signatures

/s/ Sherrill Neff 05/30/2007

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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).

## Edgar Filing: AMICUS THERAPEUTICS INC - Form 3

- The reporting person is a member of Quaker BioVentures Capital, L.P., which is the general partner of Quaker BioVentures, L.P. Voting and investment power over these shares is exercised by Quaker BioVentures Capital, L.P. in its role as general partner and investment advisor of Quaker BioVentures, L.P. The reporting person disclaims beneficial ownership of these shares except to the extent of his proportionate pecuniary interest therein, 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.
- (1)

- The reporting person is a member of Quaker BioVentures Capital, L.P., which is the general partner of Garden State Life Sciences Venture Fund, L.P. Voting and investment power over these shares is exercised by Quaker BioVentures Capital, L.P. in its role as general partner and investment advisor of Garden State Life Sciences Venture Fund, L.P. The reporting person disclaims beneficial ownership of these shares except to the extent of his proportionate pecuniary interest therein, 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 any other purpose.
- (2)

- Each share is convertible and will automatically convert on a 1-for-1 basis into the Issuer's common stock upon the closing of the Issuer's initial public offering of common stock pursuant to an effective registration statement filed with the U.S. Securities and Exchange Commission. These shares have no expiration date.
- (3)

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.