### Edgar Filing: AMICUS THERAPEUTICS INC - Form 4

#### AMICUS THERAPEUTICS INC

Form 4

February 25, 2008

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

**OMB** Number:

3235-0287

0.5

Check this box if no longer

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

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average

burden hours per response...

subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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

1(b).

(Last)

(City)

(Print or Type Responses)

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

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading

Issuer

Symbol

AMICUS THERAPEUTICS INC

(Check all applicable)

5. Relationship of Reporting Person(s) to

[FOLD]

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

Director X\_\_ 10% Owner Other (specify Officer (give title

601 UNION STREET, SUITE 3200 02/21/2008

(Middle)

(Zip)

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

4. If Amendment, Date Original

Applicable Line)

Form filed by One Reporting Person \_X\_ Form filed by More than One Reporting

Person

below)

SEATTLE, WA 98101

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed Execution Date, if Security (Month/Day/Year) (Instr. 3) any (Month/Day/Year)

4. Securities 3. TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4)

(Instr. 3 and 4)

Ι

I

(Instr. 4)

or Code V Amount (D) Price

(A)

Common Stock

2,586,886

By Frazier Healthcare IV, LP (1) (2)

Common Stock

13.128

By Frazier **Affiliates** 

IV, LP (1) (2)

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)

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# $\label{thm:convertible} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur		(Instr. 5)	Bene
(,	Derivative		· · · · · · · · · · · · · · · · · · ·	(,	Securities				. 3 and 4)	(,	Own
	Security				Acquired			(	,		Follo
	Security				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					` ′						(IIIsu
					(Instr. 3,						
					4, and 5)						
									Amount		
						_			or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Topozonag O mare 1 mine / 12 mine /	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

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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).

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.

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.

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