

AMICUS THERAPEUTICS INC  
 Form 3/A  
 June 06, 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)

|   |         |                                      |  |  |
|---|---------|--------------------------------------|--|--|
| 1. Name and Address of Reporting Person * |         | 2. Date of Event Requiring Statement | 3. Issuer Name <b>and</b> Ticker or Trading Symbol |  |
| Â BARRIS PETER J                          |         | (Month/Day/Year)                     | AMICUS THERAPEUTICS INC [FOLD]                     |  |
| (Last)                                    | (First) | (Middle)                             | 05/30/2007   |  |
| 1119 ST. PAUL STREET                      |         |                                      | 4. Relationship of Reporting Person(s) to Issuer   | 5. If Amendment, Date Original Filed(Month/Day/Year)       |
| (Street)                                  |         |                                      | (Check all applicable)                             | 05/30/2007   |
| BALTIMORE,Â MDÂ 21202                     |         |                                      | ___ Director                                       | 6. Individual or Joint/Group Filing(Check Applicable Line) |
| (City)                                    | (State) | (Zip)                                | ___ Officer  | ___X___ Form filed by One Reporting Person                 |
|   |         |                                      | (give title below)                                 | ___ Form filed by More than One Reporting Person           |
|   |         |                                      | ___X___ 10% Owner                                  |  |
|   |         |                                      | ___ Other  |  |
|   |         |                                      | (specify below)                                    |  |

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

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

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)**

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

|                                      |       |       |              |               |        |   |                |
|--------------------------------------|-------|-------|--------------|---------------|--------|---|----------------|
| Series D Convertible Preferred Stock | Â (1) | Â (2) | Common Stock | 1,643,472 (5) | \$ (3) | I | See Note 4 (4) |
|--------------------------------------|-------|-------|--------------|---------------|--------|---|----------------|

## Reporting Owners

| Reporting Owner Name / Address                                | Relationships |           |         |       |
|---|---------------|-----------|---------|-------|
|   | Director      | 10% Owner | Officer | Other |
| BARRIS PETER J<br>1119 ST. PAUL STREET<br>BALTIMORE, MD 21202 | Â             | Â X       | Â       | Â     |

## Signatures

/s/ Shawn Conway,  
attorney-in-fact

06/06/2007

\*\*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).
- (1) Convertible at any time.
- (2) Not applicable.
- (3) Each share of Preferred Stock will automatically convert into one (1) share of Common Stock upon the closing of the Issuer's initial public offering.
- (4) The Reporting Person is an individual manager of NEA 11 GP, LLC, the sole general partner of NEA Partners 11, Limited Partnership, the sole general partner of New Enterprise Associates 11, Limited Partnership ("NEA 11"), which is the beneficial owner of the securities. The Reporting Person disclaims beneficial ownership, within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the NEA 11 shares in which the Reporting Person has no actual pecuniary interest therein.
- (5) The amount of underlying securities contained in the original Form 3 filed by the Reporting Person was reported as 1,634,473 shares of Common Stock. The correct amount of underlying securities is 1,643,472 shares of Common Stock.

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.