SEC Form 4

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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OMB Number:	3235-0287						
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(Street) THOUSAND OAKS CA	91320-1799	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
		4. If Amandment, Data of Original Filed (Manth/Dau/)(aar)	C. Individual on Jaint/Oneuro Filing (Oheed) Applicable			
(Last) (First) ONE AMGEN CENTER	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/20/2020	below) below) EVP, HR			
1. Name and Address of Repo	ting Person [*]	2. Issuer Name and Ticker or Trading Symbol <u>AMGEN INC</u> [AMGN]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify			

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. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	03/20/2020		F		3,709	D	\$198.76	29,977 ⁽¹⁾⁽²⁾	D	

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. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. These shares include the following RSUs granted under the Company's equity plans: 1,199 RSUs which vest on 2/7/2021; 1,319 RSUs which vest in installments of 649 5/1/2020 and 670 on 5/1/2021; 2,028 RSUs which vest in three installments of 669 on 4/27/2020, 669 on 4/27/2021 and 690 on 4/27/2022; 2,030 RSUs which will vest in installments of 669 on 5/3/2021, 670 on 5/3/2022 and 691 on 5/3/2023; and 7,799 RSUs which will vest in installments of 2,573 on 11/1/2021, 2,574 on 11/1/2022 and 2,652 on 11/1/2023. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis

2. These shares include 518 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited on the reporting person's unvested RSUs and are paid out in shares of the Company's common stock on a one-to-one basis according to the vesting schedule, along with a cash payment for any remaining fractional share amount.

<u>/s/ Andrea A. Robinson,</u>	
Attorney-in-Fact for Ms.	03
Johnston	

3/24/2020

** Signature of Reporting Person Date

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

* 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).

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

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 Number.

Check this box if no longer subject to Section 16. Form 4 or Form 5