FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							

0.5

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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Name and Address of Reporting Person*  Meline David W						2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Meline David W					1					,						Direct	or		10% O	wner	
					-						- ".			_	X	Office	r (give title		Other ( below)	specify	
(Last)	(Fir	st) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/25/2019											EVP	& CE	,		
ONE AM	GEN CENT	ΓER DRIVE			11/4	25/2	019										LVI	C CI	O		
Street) 4.					4. If	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
THOUSA	ND		91320-1799									Lir	Line)								
OAKS	CA	. 9													X	Form	filed by One	ne Reporting Person			
																Form Perso	filed by Mor	e than	One Repo	rting	
(City)	(Sta	ate) (2	Zip)																		
		Tab	le I - No	n-Deriv	/ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	eficia	lly (	Owne	d				
Di Tillo di Godinia (molii di			Date		ır)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5)   Se Be Ov		Securities Beneficially		vnership :: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price	Transaction(s)				(IIISU. 4)		
Common S	Stock			11/25	5/2019				S		8,737		D	\$234	.36	49,	9,378 <sup>(1)(2)</sup> D				
		Ta									sed of, o				Ow	ned					
L. Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transa Code (			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		J	Deri Sec	Price of ivative curity etr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Form Direct or In (I) (In	0. Ownership orm: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	OI N Of	umber							

## **Explanation of Responses:**

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 1,523 RSUs which vest in one installment on 5/3/2020; 2,885 RSUs which vest in installments of 1,421 on 5/1/2020 and 1,464 on 5/1/2021; 4,508 RSUs which vest in installments of 1,487 on 4/27/2021, 1,488 on 4/27/2021 and 1,533 on 4/27/2022; and 4,511 which will vest in installments of 1,488 on 5/3/2021, 1,489 on 5/3/2022 and 1,534 on 5/3/2023. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 637 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 persons' 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

Andrea A. Robinson, Attorney- 11/25/2019 in-Fact for Mr. Meline

\*\* 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.