FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
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Estimated average burden								
hours per response	. 0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Graham Jonathan P					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					wner		
(Last) ONE AN	(Fi	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/02/2024							X	below EVP						
(Street) THOUSA	AND CA	A 9	01320-1	1799	4. If Amendment, Date of Original Filed (Month/Day/Year)							. Indivine)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to					
		Table	I - No	n-Deriva	tive S	Secur	rities	Acq	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution D		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) o	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Stock			05/02/2	2024				F		591	D	D \$277.37		7 32,955(1)(2)			D	
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	Transaction Code (Instr. 8) S A (// D O (I all		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rities ired r osed)			ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numbo of Title Share:		unt ber		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 1,122 RSUs which will vest on 5/5/2024; 1,291 RSUs which will vest on 4/30/2025; 2,263 RSUs which will vest in installments of 1,114 each on 5/2/2025, and one installment of 1,149 on 5/2/2026; and 3,390 RSUs which will vest in installments of 1,118 on 5/2/2025, 1,119 on 5/2/2026 and 1,153 on 5/2/2027. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 553 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 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.

/s/ Jonathan P. Graham

05/02/2024

** 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.