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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287

Estimated average burden	
hours nor reenance	
hours per response:	0.5

1. Name and Addre Johnston Lor	ss of Reporting Person <u>i A</u>	n*	2. Issuer Name and Ticker or Trading Symbol <u>AMGEN INC</u> [AMGN]	(Check	tionship of Reporting Persc all applicable) Director Officer (give title	on(s) to Issuer 10% Owner Other (specify
(Last) ONE AMGEN ((First) CENTER DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/07/2020	X	below) EVP, HR	below)
(Street) THOUSAND OAKS	СА	91320-1799	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing (Form filed by One Repor Form filed by More than (Person	ting Person
(City)	(State)	(Zip)				

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)			4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	02/07/2020		F		462	D	\$231.45	26,094 ⁽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)	Execution Date, Trans		Transaction of Code (Instr. Derivative		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		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 406 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.

> /s/ Andrea A. Robinson, Attorney-in-Fact for Ms. **Johnston**

02/11/2020

Date

** Signature of Reporting Person

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.