### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	2054

OMB APPROVAL								
OMD Number	2225 026							

3235-0287 OMB Number: 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 S	Sectio	n 30(h)	of the I	nvestme	nt Co	mpany Act	of 19	940							
1. Name and Address of Reporting Person* <u>Such Annette Louise</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]								5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Owne  Officer (give title Other (spe				wner			
(Last) ONE AM	`	irst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/31/2015								belov	v) ``	Other (specify below)				
(Street) THOUSA OAKS (City)	C.		91320-17 (Zip)	799	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						ine) X	•							
		Tabl	le I - No	n-Deri\	/ative	Sec	curitie	s Acc	quired	, Dis	posed o	f, o	r Ben	efici	ally O	wne	ed			
Date			Date	Date Ex (Month/Day/Year) if		2A. Deemed Execution Date, If any (Month/Day/Year)		Transaction Disposed Code (Instr.		es Acquired (A) Of (D) (Instr. 3, 4			and 5) Secu Bend Own		cially I Following	Form: D (D) or Ir	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	Amount		Price			ction(s) 3 and 4)			(Instr. 4)
Common Stock 07/31/				/2015				F		1,631	D \$173		1.69 8,641(1)(2)		Г	)				
		Та									osed of, onvertib					ned				
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/Yea	n Date,		Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		J	8. Price Derivat Securit (Instr. !	vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owr Fori Dire or Ir (I) (I	Ownership Form: 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	or Nu of	nount mber ares						

#### **Explanation of Responses:**

1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 205 RSUs which vest in two installments of 101 and 104 on 4/26/2016 and 4/26/2017 respectively; 291 RSUs which vest in two equal installments of 96 on 4/25/2016 and 8/1/2017 and one installment of 99 on 4/25/2018; 1,991 RSUs which vest in two equal installments of 657 on 8/1/2016 and 8/1/2017 and one installment of 97 on 8/1/2018; 285 RSUs which vest in 2 equal installments of 94 on 4/24/2018 and one installment of 97 on 4/24/2019; and 1,191 RSUs which vest in 2 equal installments of 393 on 4/24/2017 and 4/24/2018 and one installment of 405 on 4/24/2019. Vested RSUs will be paid in shares fo the Companys common stock on a one-to-one basis

2. These shares include 60 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 2009 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 amount.

> 08/03/2015 /s/ Annette L. Such

\*\* 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.