FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rvasiliigion,	D.C.	20040

heck this box if no longer subject
Section 16. Form 4 or Form 5
oligations may continue. See
-4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Bradway Robert A					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					1 2 1 1 1	THIODITHIC [MIGHT]								X Direc		tor	10% Owner		wner	
(Last)	Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)								X Officer (give title below)			Other (: below)	specify	
ONE AMGEN CENTER DRIVE					04/27/2022									Chairman, CEO and President						
(Street) THOUSA	AND CA	. 9	01320-1	1799	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					on	
(City)	(Sta	ate) (Z	Zip)			Person										·				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day.					Execution Date,			ate,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3,				4 and Secu Bene Own		cially I Following	6. Own Form: (D) or I (I) (Inst	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) o (D)	r Price	,	Report Transa (Instr.	ction(s) 3 and 4)	on(s)		(Instr. 4)					
Common Stock				04/27/2022					F		2,547	D	\$24	9.87	610,769(1)(2)		I	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rities ired r osed)	6. Date Expira (Month	tion Da		and 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Number of Shares							

Explanation of Responses:

- 1. These shares include the following RSUs granted under the Company's equity plans: 10,580 RSUs which vest in installments of 5,211 on 5/3/2022 and 5,369 on 5/3/2023; 12,184 RSUs which vest in installments of 4,020 on 5/05/2022, 4,021 on 5/5/2023 and 4,143 on 5/5/2024; and 13,280 RSUs which vest in two installments of 4,382 on 4/30/2023 and 4/30/2024 and one installment of 4,516 on 4/30/2025. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 2,174 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/ Robert A. Bradway

04/27/2022

** 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.