SEC Form 4

| FORM 4 | | UNITED ST | ATES SECURITIES AND Washington, D.C. | OMB APPROVAL | | | |
|--|---------------------------------------|---------------------|--|--|--|---|--|
| [] 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 S | TEMENT OF CHANGES IN BI Section 16(a) of the Securities Exchange company Act of 1935 or Section 30(h) of | OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| 1. Name and Address of Reporting Per- Johnson, Jr., Franklin P. | | son* | 2. Issuer Name and Ticker or Trading Symbol | 4. Statement for (Month/Day/Year | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
| (Last) One Amgen Center I | (First) Drive | (Middle) | AMGEN INC. (AMGN) | 01/21/2003 | X Director _ Officer (give | 10% Owner e title below) _ Other (specify below) | |
| Thousand Oaks, C | (Street) usand Oaks, CA 91320-1799 | | 3. I.R.S. Identification Number of Reporting Person, if an entity | 5. If Amendment, Date of Original | Description 7. Individual or Joint/Group | | |
| (City) | (State) | (Zip) | (voluntary) | (Month/Day/Year) | | ck Applicable Line) | |
| | | | | | by One Reporting Person by More than One Reporting Person | | |

| | | Table I - | Non-Dei | rivative | Securities Acquired, | Disposed of, or Bene | eficially Owned | | | |
|------------------------------------|---|---|--------------------------------------|----------|--|------------------------|-----------------|--|---|---|
| 1. Title of Security (Instr. 3) | 2.Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (Instr. 3, 4, and 5) | I (A) or Disposed Of (| D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Owner- ship Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | V | Amount | A/D | Price | (Instr. 3 and 4) | (I) (Instr. 4) | |
| Common Stock | 01/17/2003 | | м | | 18,400 | A | \$7.50 | 1,071,529 | D | |
| Common Stock | | | | | | | \$ | (1) 1,324,744 | I | By Partnership |
| Common Stock | | | | | | | \$ | 835,816 | I | By Spouse |
| CCPR | | | | | | | \$ | (2) 4 | I | By Partnership |

| | | | | Table | | | | rities Acquire warrants, op | | | | | | | |
|--|---|------------|---|--|---|--|--------|---|------------|--|--|---|---|--|---|
| 1. Title of Derivative Security (Instr. 3) | Derivative sion or Security Exercise (Instr. Price of | | 3A. Deemed Execution Date, if any (Month/ Day/ Year) | 4. Transaction Code (Instr.8) | | 5. Number of Derivative Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable(DE) and Expiration Date(ED) (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (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. Owner- ship Form of Deriv- ative Securities: Direct (D) or Indirect (I) | 11. Nature of Indirect Beneficial Ownership (Instr.4) |
| | | | | Code | v | A | D | DE | ED | Title | Amount or Number of Shares | | | (Instr.4) | |
| NQSO | \$7.50 | 01/17/2003 | | м | | | 18,400 | 01/27/1993 | 01/27/2003 | | 18,400 | \$0 | 0 | D | ĺ |

Name: Johnson, Jr., Franklin P

Statement for Month/Day/Year: 01/21/2003 Issuer Name: Amgen, Inc.(AMGN)

One Amgen Center Drive

Thousand Oaks, CA 91320-1799

Note: 1 Shares held by Asset Management Partners(the "Partnership") for which the reporting person is a general partner.

Note: 2 (FPJ-CCPR) Contractual contingent payment rights arising from the purchase by Amgen Inc. of two Class A interests of Amgen Clinical Partners, L.P.

Date:

By:

/s/ Franklin P. Johnson Jr.

Johnson, Jr., Franklin P.

** Signature of Reporting Person

01/21/2003

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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.