SEC Form 4	
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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

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1. Name and Addre	ss of Reporting Perso <u>NTHONY_C</u>	n*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>AMGEN INC</u> [ AMGN ]		tionship of Reporting Pe all applicable) Director Officer (give title below)	rson(s) to Issuer 10% Owner Other (specify below)
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 03/02/2015		EVP, Global Comr	,
(Street) THOUSAND OAKS CA 91320-1799		91320-1799	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	ng (Check Applicable porting Person an One Reporting	
(City)	(State)	(Zip)			Person	

### 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)	3. Transa Code ( 8)		(A) or			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	03/02/2015		F		3,215	D	\$157.72	115,334 <sup>(1)(2)</sup>	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Nut of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	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 Restricted Stock Units (RSUs) granted under the Company's equity plans: 5,799 RSUs which vest in two installments of 2,856 and 2,943 on 4/27/2015 and 4/27/2016, respectively; 5,010 RSUs which vest in one installment of 2,467 on 1/28/2016 and one installment of 2,543 on 1/28/2017; 5,044 RSUs which vest in three installments of 1,664, 1,665 and 1,715 on 1/31/2016, 1/31/2017 and 1/31/2018, respectively; and 4,597 RSUs which vest in two equal installments of 1,517 on 1/30/2017 and 1/30/2018 and one installment of 1,563 on 1/30/2019. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

2. These shares include 573 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.



\*\* 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.