FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

	APPROVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Tross Stuart A						2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									Check	ationship of Reporti c all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (specif		wner
(Last) ONE AM	(Fi	rst) (TER DRIVE	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/25/2015									X	belov				
(Street) THOUSA OAKS (City)	THOUSAND CA 91320-1799 OAKS				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivine)	Form Form	al or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting Person			
(Oity)	(0.			n-Deriv	ative	Sec	uritie	s Acc	nuired	Dis	posed o	f. or l	Bene	ficia	ally (Owne	-d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			ection	tion 2A. Deemed Execution Date,		3. 4. Se		4. Securition	curities Acquired (A) seed Of (D) (Instr. 3, 4			or 5. Am and 5) Secur Benef		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	(A) or (D) Price			Transa	action(s) 3 and 4)			(111501.4)
Common Stock 10/25/2						015		F		569]) !	\$155.75		20,696(1)(2)		D			
Common Stock															593.142 ⁽³⁾		I		401(k) Plan	
		Та									sed of, o				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) if any Code (Instr. Secur				rative rities iired r osed)	Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative Security (Instand 4)					tr. 3	Deriv Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 449 RSUs which vest on 4/27/2016; 658 RSUs which vest in one installment of 324 on 47(26/2016 and one installment of 334 on 4/26/2017; 2,131 RSUs which vest in one installment of 1,049 on 10/25/2016 and one installment of 1,040 on 1/25/2016 and one installment of 554, 555 and 572 on 1/31/2016, 1/31/2017 and 1/31/2018, respectively; and 1,576 RSUs which vest in two equal installments of 520 on 1/30/2017 and 1/30/2018 and one installment of 536 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 225 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 share amount.
- 3. These are shares acquired under the Company's 401(k) Plan and represent interests in the Company's stock fund as of this filing.

10/27/2015 /s/ Stuart A. Tross

** 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.