## 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 BENEF	ICIAL

OMB APPROVAL										
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**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

Name and Address of Reporting Person*     Santos Esteban					AN	2. Issuer Name and Ticker or Trading Symbol AMGEN INC [ AMGN ]									heck all a Di Y Of	ship of Reportin applicable) rector ficer (give title low)	g Person(s) to Iss 10% Ow Other (s below)		Owner (specify
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 04/26/2017									EVP, Operations				
(Street) THOUSA OAKS	AND CA	A 9	91320		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							ne) X Fo	<b>,</b>					
(City)	(St	ate) (	Zip)																
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	lly Ow	ned			
Date			2. Trans Date (Month/I	/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and			d Sed Ber Ow	mount of urities eficially ned Following orted	6. Owner Form: Di (D) or Inc (I) (Instr.	rect lirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) or (D) Pr		Price	Trai	nsaction(s) tr. 3 and 4)			(iiisti. 4)
Common Stock 04/26				5/2017	/2017		F		191		D	\$16	<b>4.</b> 7 1	14,616(1)(2)					
Common Stock																594.029 <sup>(3)</sup>	I		401K Plan
		Та									sed of, onvertib				/ Owne	d			
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)  (Month/Day/Year)  4. Transaction Code (Instr. 8)  5. Numb of Derivative Securitive Acquire (A) or Dispose of (D) (Instr. 3, and 5)		rative rities iired r osed ) c. 3, 4	6. Date Exercisable ar Expiration Date (Month/Day/Year)  Date Expirati Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of		ount nber	8. Price of Derivative Security (Instr. 5)		Owner Form Direct or Inc (I) (In		11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 1,122 RSUs which vest fully in one installment on 8/2/17; 372 RSUs which vest fully in one installment on 1/31/2018; 616 RSUs which vest in one installment of 303 on 1/30/2018 and one installment of 313 on 1/30/2019; 1,023 RSUs which vest in two equal installments of 337 on 5/3/2018 and 5/3/2019 and one installment of 348 on 5/3/2020; and 11,483 RSUS which vest vest in two equal installments of 3,789 on 8/1/2018 and 8/1/2019 and one installment of 3,905 on 8/1/2020. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis
- 2. These shares include 404 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 to 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 shares are acquired under the Company's 401(k) Plan and represent interests in the Company's stock fund as of this filing.

04/26/2017 /s/ Esteban Santos

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.