FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
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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 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* Louie Linda H.					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									heck all D	cionship of Reporting all applicable) Director Officer (give title		erson(s) to Is	wner	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 04/30/2023										elow) `			below)	
(Street) THOUSAND CA 91320				4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fo	, , , , , , , , , , , , , , , , , , ,					
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	l - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	or B	enefici	ally O	vned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				/Year) Execut		ition Date,				s Acquired (A) of (D) (Instr. 3, 4		nd See Bei Ow	Amount of curities neficially ned Following	Forr (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Tra	oorted nsaction(s) str. 3 and 4)			(Instr. 4)		
Common	Stock			04/30/2	023				F		27	D	\$239	.74	9,579(1)(2)	D 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)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)	Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed)	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of		8. Price Derivati Security (Instr. 5	ve derivative Securities	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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: 67 RSUs which will vest on 5/3/2023; 114 RSUs which will vest in installments of 56 on 5/5/2023 and 58 on 5/5/2024; 974 RSUs which will vest in one installment of 479 on 11/2/2023 and one installment of 495 on 11/2/2024; 201 RSUs which will vest in one installment of 99 on 4/30/2024 and one installment of 102 on 4/30/2025; 175 RSUs which will vest on 11/5/2023; and 433 RSUs which will vest in installments of 142 on 5/2/2024, 143 on 5/2/2025, and 148 on 5/5/2026. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 136 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.

05/02/2023 /s/ Linda H. Louie

** 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.