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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* REASON J PAUL | | | | | 2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN] | | | | | | | | | (Ch | Relationship eck all appli X Directo | , | | rson(s) to Issuer | |
|---|---|--|--|---|---|---|---|------|--|------|------------------|--------------------------------|--|--|---|--|---|--|--|
| (Last) ONE AM | , | irst) ITER DRIVE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2009 | | | | | | | | | | Officer (give title below) | | Other (s | specify |
| (Street) THOUSA OAKS | AND C | A | 91320-179 | 9 | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | e) <mark>X</mark> Form | filed by One | Group Filing (Check Applicable y One Reporting Person y More than One Reporting | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | curitie | s Ac | quired, | Disp | osed o | of, or | Ben | eficial | ly Owne | t | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | I (A) or . 3, 4 and | Benefic | es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | . (| (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common | Common Stock ⁽¹⁾ | | | 04/28 | 3/2009 | | A | | 1,982 | | A | \$0 | 1,982 | | | D | | | |
| Common | Common Stock | | | | | | | | | | | | | 8, | 705 | D | | | |
| | | 7 | able II - [) | | | | | | uired, D , option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, | 4. Transa Code (I | | | | 6. Date Ext Expiration (Month/Da | Date | | Amou Secur Unde Deriv | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | 0 0 | Amount or Number of Shares | | | | | |
| Nqso (Right to Buy) | \$50.44 | 04/28/2009 | | | A | | 5,000 | | 04/28/2009 | 9 04 | 4/28/2016 | Comr | | 5,000 | \$0 | 5,000 | | D | |

Explanation of Responses:

1. The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. Director Equity Incentive Program under the Company's Amended and Restated 1991 Equity Incentive Plan. RSUs vest (a) immediately for directors who have three years or more of prior continuous services as a director, or (b) one year from the grant date if the director had had less than three years of prior continuous services as a director. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis unless payment is otherwise deferred by the director.

> /s/ N Cris Prince, Attorney-in-04/30/2009 Fact for Adm. Reason

** 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.