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

C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI	ΙP
---	----

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

Name and Address of Reporting Person* Patton Cynthia M						2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]								(Chec	k all ap Dire	plicable)		ssuer Owner (specify
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/28/2015								- X	belo	w) ``	below	
(Street) THOUSAND OAKS CA 91320-1799					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) ((Zip)															
		Tab	le I - No	n-Deri	vative	Se	curitie	s Ac	quired	, Dis	posed o	f, or E	Benef	icially	Own	ed		
Date				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or P	rice	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 01/28/2					3/2015				F		284	I) \$	158.89	1	16,530	D	
Common Stock 01/28/2					3/2015	2015		F		10	I	\$	158.89	16,520(1)(2)		D		
Common Stock															23	35.44 ⁽³⁾	I	401(k) Plan
		Ta									osed of, onvertib				wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	n Date, Transact Code (In			tion of		6. Date Exercis Expiration Dat (Month/Day/Ye		e Amount o		nt of ties lying tive ty (Inst	Der Sed (Ins	rivative curity str. 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 Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er				

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 508 RSUs which vest in on 4/25/2015; 804 RSUs which vest in two annual installments of 396 on 4/27/2015 and 408 on 4/27/2016; 3,632 RSUs which vest in two installments of 1,789 and 1,043 on 10/26/2015 and 10/26/2016, respectively; 1,410 RSUs which vest in two installments of 694 and 716 on 1/28/2016 and 1/28/2017, respectively; and 1,092 RSUs which vest in two equal installments of 360 on 1/31/2016 and 1/31/2017 and one installment of 372 on 1/31/2018. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 263 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.
- 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.

/s/ Cynthia M. Patton 01/29/2015

** 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.