SEC Form 4	
------------	--

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average	burden
hours per response	: 0.5

		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

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

			or Section 50(n) of the investment company Act of 1940			
1. Name and Address of Reporting Person <sup>*</sup> Graham Jonathan P			2. Issuer Name and Ticker or Trading Symbol <u>AMGEN INC</u> [ AMGN ]	(Check	ationship of Reporting Pe < all applicable) Director Officer (give title	rson(s) to Issuer 10% Owner Other (specify
(Last) ONE AMGEN	Last) (First) (Middle) NE AMGEN CENTER DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 03/06/2023	X	below) EVP, Gen. Couns	below)
(Street) THOUSAND OAKS	THOUSAND		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Filir Form filed by One Rep Form filed by More that Person	porting Person
(City)	(State)	(Zip)			Feison	

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					5. Amount of Securities Beneficially Owned Following Reported		7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(
Common Stock	03/06/2023		Α		7,560	Α	\$ <mark>0</mark>	41,620 <sup>(1)(2)</sup>	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		1		8. Price of Derivative Security (Instr. 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 Exercisable	Expiration Date	Title	Amount or Number of Shares				

### Explanation of Responses:

1. These shares include the following RSUs granted under the Company's equity plans: 1,074 RSUs which will vest on 5/3/2023; 3,120 RSUs which will vest on 11/1/2023; 2,211 RSUs which will vest in installments of 1,089 on 5/5/2023 and 1,122 on 5/5/2024; 3,797 RSUs which will vest in two installments of 1,253 on 4/30/2023 and 4/30/2024 and one installment of 1,291 on 4/30/2025; and 3,377 RSUs which will vest in two installments of 1,114 on 5/2/2024 and 5/2/2025, and one installment of 1,149 on 5/2/2026. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

2. These shares include 922 DEs granted pursuant to the Amgen Inc. 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.

#### /s/ Jonathan P. Graham 03/07/2023

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.