FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| | OMB APPRO | OVAL |
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| | OMB Number: | 3235-0287 |
| l | Estimated average burd | len |
| l | 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* SUGAR RONALD D | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN] | | | | | | | | ationship of Reporting all applicable) Director | | g Person(s) to Issuer 10% Owner | | |
|--|---|--|--|---------|--|-------|--|---|---|------|--|---|--|---|---|---------------------------------------|--|---|--|
| (Last) ONE AM | • | (First) (Middle) EN CENTER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2019 | | | | | | | | | Other (speci below) | | |
| (Street) THOUSAND CA 91320-1799 | | | | | 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) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | curiti | ies Ac | quired, | Dis | posed o | of, or Be | neficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | Secu Bene Own | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/07/ | | | | | | | | | М | | 2,000 |) A | \$54. | 71 | 14,988 | | D | | |
| Common Stock 02/07/2 | | | | | | 2019 | | | S | | 2,000 | (1) D | \$19 | 0 1 | 12,988(2) | | D | | |
| | | 7 | Table II - | | | | | | | | | , or Ben ble secu | | y Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Inst | | on of | | 6. Date Ex Expiratior (Month/Da | Date | | e and 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price Derivati Security (Instr. 5) | | re es ally g d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | expiration Date | Title | Amount or Number of Shares | | | | | | |
| Nqso (Right to | \$54.71 | 02/07/2019 | | | M | | | 2,000 | 08/03/201 | .1 0 | 8/03/2020 | Common Stock | 2,000 | \$0 | 18,0 | 00 | D | | |

Explanation of Responses:

- $1. \ The \ transaction \ was \ made \ pursuant \ to \ a \ previously \ adopted \ plan \ complying \ with \ Rule \ 10b5-1.$
- 2. These shares include 1,298 Dividend Equivalents (DEs) granted pursuant to the Director Program and subject to a qualifying dividend reinvestment plan. DEs are credited on the director's vested but deferred RSUs and are paid out in shares of the Company's common stock on a one-to-one basis along with a cash payment for any remaining fractional share amount.

/s/ Ronald D. Sugar 02/07/2019

** 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.