FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burd | len | | | | | | | | |
| | 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).

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* MCNAMEE BRIAN M | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN] | | | | | | | | elationship c eck all applic Directo | able) | Perso | on(s) to Issu 10% Ow | |
|---|--|------------|---|---------|--|---|---------|------|--|-------------------|--------------------|---|--|---|--|---|--|--|
| (Last) (First) (Middle) ONE AMGEN CENTER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2007 | | | | | | | | below) | r (give title) . V.P. Human | | Other (s below) esources | pecify |
| (Street) THOUSAND CA 91320-1799 | | | | 4. 11 | 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) (State) (Zip) | | | | | Person | | | | | | | | | | | | | |
| | | Tal | ble I - Nor | ı-Deriv | vativ | e Se | curitie | s Ac | quired, D | Disp | osed o | f, or Ber | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date (Month | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Code (In | nsaction Disposed | | ties Acquired (A) or d Of (D) (Instr. 3, 4 a | | | ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | nt (A) or Pr | | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | | 22,288 | | | D | | |
| | | | Table II - I | | | | | | uired, Dis s, options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date or Exercise (Month/Day/Year) | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | of Securities | | ies g Security | 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) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| ISO (Right to Buy) | \$6,255 | 04/26/2007 | | | A | | 1,598 | | 04/26/2011 | . (|)4/26/2014 | Common Stock | 1,598 | \$62.55 | 1,598 | | D | |
| NQSO (Right to | \$6,255 | 04/26/2007 | | | A | | 41,902 | | 04/26/2008 ⁽¹⁾ | 1) |)4/26/2014 | Common Stock | 41,902 | \$62.55 | 41,902 | 2 | D | |

Explanation of Responses:

 $1.\ This\ option\ is\ exercisable\ as\ follows:\ 10,875\ shares\ on\ April\ 26,\ 2008;\ 10,875\ shares\ on\ April\ 26,\ 2009;\ 10,875\ shares\ on\ April\ 26,\ 2010;\ and\ 9,277\ shares\ on\ April\ 26,\ 2011.$

/s/N. Cris Prince Attorney-In-04/30/2007 **Fact**

** 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.