FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

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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 S	Section	on 30(h)) of the	Investme	nt Co	mpany Act	of 194	40						
1. Name and Address of Reporting Person* Michael A Kelly					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									Check all a	hip of Reportir pplicable) ector icer (give title	ng Perso	10% O	wner	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2014									X be	(specify			
(Street) THOUSA OAKS (City)	C.		91320-17 Zip)	799	4. If	Ame	mendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	n-Deriv	ative	Se	curitie	es Ac	quired	, Dis	posed o	f, or	r Ben	efici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date		n Date,	Transaction Disposed Code (Instr.		ies Acquired (A) o Of (D) (Instr. 3, 4			nd 5) Sec Ben Owi	mount of urities eficially led Following orted	6. Own Form: I (D) or I (I) (Inst	Direct ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	() ()	A) or D)	Price	Trai	saction(s) r. 3 and 4)			(111501.4)
Common	Stock			06/30	/2014				F		1,919		D	\$118	3.59	9,177(1)(2)	I)	
Common Stock															184.44 ⁽³⁾		[401(k) Plan	
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)	Derivative Conversion Date Security or Exercise (Month/Day/Year)			Execution Date, if any		4. Transaction Code (Instr. 8)				Exerci on Da Day/Yo		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivativ Security (Instr. 5)		Ow For Dire or I (I) (nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nu of	nount mber ares					

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans, approximately: 508 RSUs which vest in one installment on 4/25/2015; 804 RSUs which vest in two annual installments of 396 on 4/27/2015 and 408 on 4/27/2016; 780 RSUs which vest in two equal installments of 257 each on 4/26/2015 and 4/26/2016 and one installment of 266 on 4/27/2017; 4,203 RSUs which vest on 6/30/2015; and 628 RSUs which vest in two equal installments of 207 each on 4/25/2016 and 4/25/2017 and one installment of 214 on 4/25/2018. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis
- 2. These shares include approximately 99 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 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
- 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.

Remarks:

/s/ Richard T. Benson, Attorney-In-Fact for Mr. Kelly

07/01/2014

Date

** Signature of Reporting Person

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.