FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL								
OMB Number:	3235-0287							
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

1. Name and Address of Reporting Person* <u>Harper Sean E</u>					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]								Check	all app	nship of Reporting Persor I applicable) Director Officer (give title		10% Owner			
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/31/2017								X	belov	v) ``	b	Other (specify below) Development				
(Street) THOUSA OAKS	AND CA	Λ 9	91320-17	' 99	4. If	4. If Amendment, 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					on		
(City)	(St		Zip)													_				
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, or	Ben	eficia	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		Date,	Transaction Disposed Code (Instr.		es Acquired (A) Of (D) (Instr. 3, 4			and 5) So B O		Securities F		hip ect rect)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (C	A) or D)	Price		Transa	action(s) 3 and 4)			(11341. 4)
Common Stock 01/31				01/31/	/2017				F		668		D	\$154.43		3 44,774 ⁽¹⁾⁽²⁾		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) 4. Defivative Security 3. Transaction Date Execution Date if any (Month/Day/Year)		n Date,	Transaction Code (Instr. 8) S		5. Nui of Derivi Secui Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Exercis Expiration Dat (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		estr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	of	ares						

Explanation of Responses:

- 1. These shares include the following RSUs granted under the Company's equity plans: 1,715 RSUs which vest on 1/31/2018; 2,640 RSUs which vest in two installments of 1,300 and 1,340 on 1/30/2018 and 1/30/2019, respectively; and 4,477 RSUs which vest in two equal installments of 1,477 on 5/3/2018 and 5/3/2019 and one installment of 1,523 on 5/3/2020. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis
- 2. These shares include 328 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.

/s/ Sean E. Harper 02/02/2017

** 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.