FORM 4

Check this box if no longer su Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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bject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* Such Annette Louise			2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									ationship of Reportin all applicable) Director Officer (give title		10% Own Other (spe		wner (specify				
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 04/25/2016										21	VP, Finance ar			below) and CAO			
(Street) THOUSA OAKS	AND CA	A 9	91320-179	99	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (2	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)			Execution Date,		Transaction Disposed Of (D Code (Instr.		es Acquired (A) o Of (D) (Instr. 3, 4			and 5) Sed Bei Ow		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
						Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(11341. 4)			
Common Stock 04/25/2				/2016				F		39		D	\$163	3.19 9,		880(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)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)		5. Nun of Deriving Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date I Expirati (Month/I	on Dai		Am Sec Und Der Sec	or	ı			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 205 RSUs which vest in two installments of 101 and 104 on 4/26/2016 and 4/26/2017, respectively; 195 RSUs which vest in two equal installment of 96 on 4/25/2017 and one installment of 99 on 4/25/2018; 1,991 RSUs which vest in two equal installments of 657 on 8/1/2016 and 8/1/2017 and one installment of 97 on 8/1/2018; 285 RSUs which vest in 2 equal installments of 94 on 4/24/2017 and 4/24/2018 and one installment of 95 on 4/24/2019. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

2. These shares include 125 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 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 fractional amount.

/s/ Annette L. Such 04/25/2016

** 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.