FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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	Check this box if no longer subject to
٦	Section 16. Form 4 or Form 5 obligations may continue. See
J	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*  REESE DAVID M						2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]									tionship of Reportir all applicable) Director Officer (give title		10%	Owner
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 05/01/2019									belov	Officer (give title below)  Other (specify below)  EVP, Research and Development		
(Street) THOUS A OAKS (City)	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	enefic	ially	Owne	ed		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					Execution Date,		3. 4. Securities Acquir Transaction Code (Instr. 8) 4. Securities Acquir					d 5) Securi Benefi Owned		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership		
									Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)		(Instr. 4)
Common Stock 05/01/20:						19		F		163	D	\$179.	.3232		32,859	D		
Common Stock 05/01/202					019	19		F		851	D	\$179.	79.3232		,738(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)	ve Conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 686 RSUs which vest in installments of 338 on 5/3/2019 and 348 on 5/3/2020; 3,297 RSUs which vest in installments of 1,624 on 5/1/2020 and 1,673 on 5/1/2021; 660 RSUs which vest in installments of 325 on 5/1/2020 and 335 on 5/1/2021; 1,014 RSUs which vest in installments of 334 on 4/27/2020, 335 on 4/27/2021 and 345 on 4/27/2022; and 12,830 RSUs which vest in installments of 4,233 on 11/2/2020 4,234 on 11/2/2021 and 4,363 on 11/2/2022. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 507 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 to 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.

<u>/s/ David M. Reese</u> <u>05/01/2019</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.