## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

vvasnii	ngton,	D.C.	20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

	OMB APPRO	VAL
	OMB Number:	3235-0287
	Estimated average burd	en
l	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* <u>Harper Sean E</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]								(Check all a Dir		ship of Reporting F applicable) rector ficer (give title		10% C	wner	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/07/2017									X	belov	below) EVP, Research &		Other (specify below)  Development	
(Street) THOUSA OAKS (City)	C/		91320-179	99	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person								
		Tabl	le I - Nor	n-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, oı	r Bene	efici	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date,		Transaction Disposed (Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3,			4 and Se Be Ov		Securities F Beneficially (		nership Direct Indirect etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)				(111511.4)
Common Stock 03/					07/2017				A		23,092 A		A	\$	67,866 <sup>(1)(2)</sup>			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any		3A. Deemi Execution if any (Month/Da	Date, ay/Year)		Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Expiration Date  Expiration Date  Expiration Date Expiratio		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		ount nber	t		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dir or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **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 5/3/2019 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.

<u>/s/ Sean E. Harper</u> <u>03/09/2017</u>

\*\* 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.