FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 205	19
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OMB APPROVAL

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	OMB Number:	3235-0287
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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)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of ee Instruction																			
	nd Address of Rachna	Reporting Person*	*						ker or Tr AMGN		Symbol				k all app Direc	tor	ng Perso	10% O\	vner	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 11/05/2024									Officer (give title below)  SVP, Business Devel					specify	
(Street) THOUSAND OAKS CA 91320  (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	l - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially	<b>Own</b>	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/05/2					.024		F		212	D	\$316	6.91 8,3		383(1)(2)	I	D				
		Та	ble II -								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nt er		9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y Di or (I)	o. wnership orm: irect (D) r Indirect (Instr. 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 Amgen Inc. Second Amended and Restated 2009 Equity Incentive Plan (the Equity Plan): 128 RSUs which will vest on 4/30/2025; 398 RSUs which will vest on 11/5/2025; 407 RSUs which will vest in installments of 200 on 5/2/2025, and 207 on 5/2/2026; 593 RSUs which will vest in in installments of 195 on 5/2/2025, 196 on 5/2/2026 and 202 on 5/2/2027; and 532 RSUs which will vest in installments of 175 on 5/7/2026, 176 on 5/7/2027, and 181 on 5/7/2028. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis
- 2. These shares include 129 Dividend Equivalents (DEs) granted pursuant to the Company's Equity 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/ Rachna Khosla

11/05/2024

\*\* 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.