FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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** 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

Name and Address of Reporting Person*     Bradway Robert A						2. Issuer Name and Ticker or Trading Symbol AMGEN INC [ AMGN ]								(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) $ \frac{X}{\text{Director}} \qquad \qquad 10\% \text{ Owner} $				
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022								X	below)		Other (sp below) O and President		·	
OAKS ———	THOUSAND CA 91320-1			799	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						)	6. Ind Line)	Form Form	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(Sta	ate) (2	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)						Execution Date,			3. Transaction Code (Instr. 8)  4. Securitie Disposed 0 5)			es Acquired (A) Of (D) (Instr. 3,		) or 4 and	5. Amo Securit Benefic Owned Report	ies cially Following	6. Owner Form: D (D) or In (I) (Insti	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)			(111501.4)
Common Stock 03/01/2					2022				A		34,964	A	A	\$0 630		,141 <sup>(1)(2)</sup>		)	
	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)	erivative Conversion Date Execution curity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed )	6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amour or Numbe of Title Shares		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ov Fo Dii 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: 4.790 RSUs which will vest on 4/27/2022; 10,580 RSUs which vest in installments of 5.211 on 5/3/2022 and 5.369 on 5/3/2023; 12,184 RSUs which vest in installments of 4.020 on 5/05/2022, 4.021 on 5/5/2023 and 4.143 on 5/5/2024; and 13,280 RSUs which vest in two installments of 4.382 on 4/30/2023 and 4/30/2024 and one installment of 4.516 on 4/30/2025. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 2,410 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/ Robert A. Bradway

03/02/2022

\*\* 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.