## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								
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

Name and Address of Reporting Person *     Graham Jonathan P				Issuer Name and Ticker or Trading Symbol     AMGEN INC. [ AMGN ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 04/27/2020								>	Offic belo	er (give title w)	Other (specify below)  ounsel & Secy.		specify		
(Street) THOUSA	C Δ 91320-1799			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne)  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/Day				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Securities			(A) or 3, 4 and	Secur Benef Owner	ecurities F eneficially (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) (D)	or	Price	Transa	saction(s) r. 3 and 4)			(IIISti. 4)		
Common Stock 04/27/2					2020				F		548	D		\$ 236.28	1 /18 /16H (±)(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)	vative Conversion Date rity or Exercise (Month/Day/Year) Execution Date, if any		4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	6. Date Expirati (Month/	ion Da			nstr.	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or	ount nber ıres					

## **Explanation of Responses:**

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 1,001 RSUs which vest in one installment on 5/3/2020; 2,061 RSUs which vest in installments of 1,015 on 5/1/2020 and 1,046 on 5/1/2021; 2,114 RSUs which vest in one installment of 1,041 on 4/27/2021 and one installment of 1,072 on 4/27/2022; 3,158 RSUs which vest in two installments of 1,042 on 5/3/2021 and 5/3/2022 and one installment of 1,074 on 5/3/2023; and 9,176 RSUs which vest in two installments of 3,028 on 11/1/2021 and 11/1/2022 and one installment of 3,120 on 11/1/2023. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 644 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 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/ Andrea A. Robinson,

Attorney-in-Fact for Mr.

Graham

\*\* Signature of Reporting Person Da

04/29/2020

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.