FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per respons        | e 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*  ISHRAK OMAR  |  |         |  |          |   | 2. Issuer Name and Ticker or Trading Symbol AMGEN INC [ AMGN ] |                       |            |  |                                       |   |                     |  |  | ck all app<br>Direc   | tor  | ng Per  | 10% O             | wner    |
|--|--|---------|--|----------|---|--|-----------------------|------------|--|---------------------------------------|---|---------------------|--|--|---|--|---|-------------------|---------|
| (Last) (First) (Middle) ONE AMGEN CENTER DRIVE   |  |         |  |          |   | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2022    |                       |            |  |                                       |   |                     |  |  | Office<br>below   | er (give title   |   | Other (<br>below) | specify |
| (Street) THOUSA OAKS   | AND CA   | A 9     | 01320  |          | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year)       |                       |            |  |                                       |   |                     |  | 6. Ind<br>Line)<br>X   | Form  | or Joint/Group Fi<br>m filed by One Ro<br>m filed by More th<br>son      |   | orting Pers       | son     |
| (City)   | (St  | ate) (2 | Zip)   |          |   |  |                       |            |  |                                       |   |                     |  |  |   |  |   |                   |         |
|  |  | Table   | I - No   | n-Deriva | tive S  | Secui  | rities                | Acq        | uired  | , Dis                                 | posed of  | , or E              | Benefi                                       | ciall  | y Own   | ed   |   |                   |         |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/   |  |         |  |          |   | Execution Date,  |                       |            |  | s Acquired (A)<br>of (D) (Instr. 3, 4 |   | and Securit Benefic |  | es<br>ially<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                   |         |
|  |  |         |  | Code     | v   | Amount   | (A) or (D)            |            | ce   | Transaction(s)<br>(Instr. 3 and 4)    |   |                     |  | (111541. 4)  |   |  |   |                   |         |
| Common Stock 08/09/20  |  |         |  |          | )22   |  |                       | A          |  | 130.8584                              | A \$  |                     | \$ <mark>0</mark>                            | 2,069.   | 2,069.5998(1)(2)  |  | D   |                   |         |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |         |  |          |   |  |                       |            |  |                                       |   |                     |  |  |   |  |   |                   |         |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | /e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |         | Transaction Code (Instr. 8)  Sec Acq (A) Disp of (I (Ins |          | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Dispo<br>of (D<br>(Instr<br>and 5 | r<br>osed<br>)<br>r. 3, 4                                      | 6. Date Expira (Month | tion Day/\ | Year) Securities Underlying Derivative Security (It 3 and 4)  Amor Nun Expiration of |                                       | int of<br>rities<br>rlying<br>ative<br>rity (Inst<br>4)<br>Amoul<br>or<br>Numbe | De Se (In           | Price of<br>erivative<br>ecurity<br>istr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |                   |         |

## **Explanation of Responses:**

- 1. The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Director Incentive Program, as amended, under the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan and vested immediately. Vested RSUs are paid in shares of the Company's common stock on a one-to-one basis. Vested RSUs may be deferred by the director, in which case payment will occur according
- 2. These shares include eight Dividend Equivalents (DEs) granted pursuant to the Director Program and subject to a qualifying dividend reinvestment plan. DEs are credited on the director's vested but deferred Restricted Stock Units and are paid out in shares of the Company's Common Stock on a one-to-one basis along with a cash payment for any remaining fractional share amount.

/s/ S. Omar Ishrak

08/11/2022

\*\* 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.