FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHAN	NGES IN BE	ENEFICIAL C	WNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average	burden										
hours nor roomana	o. 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* SUGAR RONALD D				2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]							ck all app	tor	ng Pers	10% Ov	vner				
(Last) ONE AN	(Fir	rst) (M ITER DRIVE	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2022								Office below	er (give title		Other (s below)	specify	
(Street) THOUS	AND CA	Α 9	1320-17	799	4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person			on				
(City)	(St	ate) (Z	Zip)																
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	osed of	, or E	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securit Benefic	urities neficially ned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)							
									Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock 05/17				05/17/2	2022			A		855	1	A	\$0	18,156(1)(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) 2. Conversi or Exerci Price of Derivativ Security		3. Transaction Date (Month/Day/Year)	3A. Deer Executic if any (Month/I		4. Transaction Code (Instr. 8) Securit Acquir (A) or Dispos of (D) (Instr. and 5)		rative rities ired r osed) : 3, 4	Expiration Dat (Month/Day/Ye		te Amount of Securities Underlying Derivative Security (I 3 and 4) Expiration Amount of Security (I 3 of Nutro I 1 of Nut		unt of rities erlying rative rity (In: 1 4) Amore or Numl of	str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [0	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (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 (the Director Program) 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 to the elected deferral schedule.
- 2. These shares include 2,801 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 RSUs 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/ Ronald D. Sugar

05/17/2022

** 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.