FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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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* SCOTT DAVID J					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									Check	all app	licable)		Person(s) to Issuer 10% Owner Other (specify below) unsel & Secy.		
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/31/2014									X	belov	v)					
(Street) THOUSA OAKS (City)	C.F		91320-179 Zip)	99	4. If	Ame	endment,	Date of	of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3,				Securities I Beneficially (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)				(1130.4)
Common Stock 01/31					1/2014	1			A		3,362 ⁽¹⁾ A		A	\$	0	79,053(2)(3)		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)			ative rities ired osed . 3, 4	Expiration (Month/D	Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares			ice of vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Inc (I) (In	(D) irect	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 Equity Incentive Plan and vest in three annual installments of 33%, 33% and 34% on 1/31/2016, 1/31/2017 and 1/31/2018, respectively.
- 2. These shares include the following RSUs granted under the Company's equity plans: 1,450 RSUs which fully vest on 4/26/2014; 22,081 RSUs which fully vest on 12/31/2014; 7,504 RSUs which vest in one installment of 3,696 on 4/25/2014 and one installment of 3,808 on 4/25/2015; 6,141 RSUs which vest in three installments of 2,026, 2,027 and 2,088 on 4/27/2014, 4/27/2015 and 4/27/2016, respectively; 5,374 RSUs which vest in two equal installments of 1,773 each on 1/28/2015 and 1/28/2016 and one installment of 1,828 on 1/28/2017; and 3,362 RSUs which vest in two equal installments of 1,109 on 1/31/2016 and 1/31/2017 and one installment of 1,144 on 1/31/2018. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 3. These shares include 296 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 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.

02/04/2014 /s/ David J. Scott

** 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.