Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigtoii,	D.C.	20343	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	e: 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

1. Name and Address of Reporting Person* HOLLEY CHARLES M				2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]								Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner						
(Last)	(Fi	,	Middle)		3. Date of Earliest Transaction (Month/D 11/03/2023					/Day/Year)			Offic belo	er (give title w)		Other (s below)	specify	
ONE AMGEN CENTER DRIVE			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) THOUS	AND CA	A 9	1320												n filed by One n filed by Mo on	•	Ü	- 1
(City)	/64	ata) (-	7:\		Rul	e 10)b5-	1(c)	Tran	sac	tion Indi	catio	on					
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Benefic	ially Owr	ed			
Date		2. Transac Date (Month/Da	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)						6. Own Form: (D) or I (I) (Inst	Direct of Indirect of Itr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	V Amount		(A) (D)	or Price	Transa	ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 11/03/2				023		A		296.45	A	\$(8,575	8,575.4958(1)(2)		D				
Common Stock													1	.,260]	I 1	Holley Family Trust	
		Tal	ble II -								osed of, convertib				d			
Derivative Conversion Date Exercise (Month/Day/Year) i		if any	tion Date, Trar		(Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y Di or (I)). wnership orm: irect (D) r Indirect i (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Amou or Numb of Title Share						

Explanation of Responses:

- 1. The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Director Incentive Program, as amended (the Director Program), 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 to the elected deferral schedule.
- 2. These shares include 774 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/ Charles M. Holley 11/03/2023

** 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.