FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours nor resnance:	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* Griffith Peter H.						2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]										f Reporting able) give title			Owner (specify	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/05/2020										below) below) EVP & CFO					
(Street) THOUSE OAKS	AND C.	A		4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)		. 5.53															
		Tal	ole I - Non	-Deriva	ative	Securi	ties	Acq	uired, I	Disp	osed of	f, or E	3ene	ficially	/ Owned					
Date				2. Transa Date (Month/D		Execution Execution (1)	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.					Securitie Beneficia	eneficially wned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	٧	Amount	(A (C	A) or D)	Price	Transacti (Instr. 3 a	ion(s)			, m 3 m 3 m	
Common Stock 0				05/05	/2020				A		3,384 ⁽¹⁾ A		A	\$ <mark>0</mark>	21,990(2)(3)			D		
			Table II - D								osed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	ate, Tra	ansactio			e (N s	. Date Exe xpiration I Month/Day	Date	of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	ode V	(A)	(ate xercisable		Expiration Date	Title	0 0	lumber						
Nqso (Right to Buy)	\$236.36	05/05/2020		1	A	28,3	41	0:	5/05/2022 ⁽	(4)	05/05/2030	Comm		28,341	\$0	28,34	1	D		

Explanation of Responses:

- $1. \ The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan and vest in three annual installments of 33\%, 33\% and 34\% on 5/5/2022, 5/5/2023 and 5/5/2024, respectively.$
- 2. These shares include the following RSUs granted under the Company's equity plans: 18,352 RSUs which vest in two installments of 6,056 on each of 11/1/2021 and 11/1/2022 and one installment of 6,240 on 11/1/2023; and 3,384 RSUs which vest in installments of 1,116 on 5/5/2022, 1,117 on 5/5/2023 and 1,151 on 5/5/2024. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 3. These shares include 254 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 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
- 4. These non-qualified stock options are exercisable in three installments of 33%, 33% and 34% on 5/5/2022, 5/5/2023 and 5/5/2024, respectively.

/s/ Andrea A. Robinson, attorney-in-fact for Mr. Griffith

05/07/2020

** Signature of Reporting Person

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.