FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours ner resnonse.	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

(Last)	ad David (F	of Reporting Person* d (First) (Middle) ENTER DRIVE				Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN] Date of Earliest Transaction (Month/Day/Year) 04/30/2021								5. Relationship of Reporting (Check all applicable) Director X Officer (give title below) SVP, Business				10% Ov Other (s below)	vner specify	
(Street) THOUSA OAKS (City)	<u> </u>		91320-17 (Zip)	99	4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	·					
		Tab	le I - No	n-Deriv	vative	e Se	curitie	s Ac	quired	, Dis	posed o	f, or Be	nefic	ially	Owned					
Date				Date			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock					0/2021				A		709(1)	A		\$ <mark>0</mark>	45,146		D			
Common Stock 05/				05/01	/2021				F		139	D \$23		39.64	4 45,007		D			
Common Stock 05				05/03	3/2021	/2021			F		220 I		\$23	39.64	44,787(2)(3)			D		
			(e.g., ped Date, yy/Year)	4. Transaction Code (Instr. 8)		of . Definition of . Definitio			xercisa n Date ay/Yea	convertib	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) Amount or Num of		s) 8 C S () unt ber	Dwned i. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
Nqso (Right to Buy)	\$239.64	04/30/2021			A A		6,159		04/30/202		04/30/2031	Common Stock	6,1		\$0	6,159)	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 4/30/2023, 4/30/2024 and 4/30/2025, respectively.
- 2. These shares include the following RSUs granted under the Company's equity plans: 326 RSUs which will vest on 4/27/2022; 1,133 RSUs which will vest in installments of 558 on 5/3/2022 and 575 on 5/3/2023; 1,269 RSUs which vest in installments of 418 on 5/5/2022, 419 on 5/5/2023 and 432 on 5/5/2024; and 709 RSUs which vest in installments of 233 on 4/30/2023, 234 on 4/30/2024 and 242 on 4/30/2025. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 3. These shares include 134 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 Amended and Restated 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 amount.
- 4. These non-qualified stock options are exercisable in three installments of 33%, 33% and 34% on 4/30/2023, 4/30/2024 and 4/30/2025, respectively.

/s/ David A. Piacquad 05/04/2021

** 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.