FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person*     Graham Jonathan P				2. Issuer Name and Ticker or Trading Symbol AMGEN INC [ AMGN ]									all app Direc	licable) tor	ng Person(s) to I		Owner		
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 04/30/2023								X	below)		Other (s below) ounsel & Secy.		pecify		
(Street) THOUSAND CA 91320-1799			4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivine)	Form Form	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication  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	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution D		ate,	3. Transaction Code (Instr. 8)					, 4 and		5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tran		oorted nsaction(s) str. 3 and 4)			(Instr. 4)	
Common Stock 04/30/2				2023		F		664	D	\$239	39.74 37,		7,377 <sup>(1)(2)</sup>		D				
		Tal	ble II ·								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		rative rities ired r osed )	Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 1,074 RSUs which will vest on 5/3/2023; 3,120 RSUs which will vest on 11/1/2023; 2,211 RSUs which will vest in installments of 1,089 on 5/5/2023 and 1,122 on 5/5/2024; 2,544 RSUs which will vest in installments of 1,253 on 4/30/2024 and one installment of 1,291 on 4/30/2025; and 3,377 RSUs which will vest in two installments of 1,114 on 5/2/2024 and 5/2/2025, and one installment of 1,149 on 5/2/2026. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 975 DEs granted pursuant to the Amgen Inc. 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 share amount.

/s/ Jonathan P. Graham

05/01/2023

\*\* Signature of Reporting Person Da

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.