The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235-Number: 0076

Estimated average

burden

hours per response:

4.00

1. Issuer's Identity

CIK (Filer ID Number)

Previous
Names

None

Entity Type

0000318154 AMGEN X Corporation

Name of Issuer Amgen Limited Partnership

AMGEN INC Limited Liability Company

Jurisdiction of
Incorporation/OrganizationGeneral Partnership
Business TrustDELAWAREOther (Specify)

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

AMGEN INC

Street Address 1 Street Address 2

One Amgen Center Drive

City State/Province/Country ZIP/PostalCode Phone Number of Issuer

Thousand Oaks CALIFORNIA 91320 (805) 447-1000

3. Related Persons

Last Name First Name Middle Name

Bradway Robert A.

Street Address 1 Street Address 2

c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Balachandran Madhavan

Street Address 1 Street Address 2

c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Harper	Sean	E.
Street Address 1	Street Address 2	
c/o Amgen Inc.	One Amgen Center Drive	
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necess	sary):	
Last Name	First Name	Middle Name
Hooper	Anthony	C.
Street Address 1	Street Address 2	
c/o Amgen Inc.	One Amgen Center Drive	
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer		
Clarification of Response (if Necess	sary):	
Last Name	First Name	Middle Name
McNamee	Brian	M.
Street Address 1	Street Address 2	
c/o Amgen Inc.	One Amgen Center Drive	
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer		
Clarification of Response (if Necess Last Name	sary): First Name	Middle Name
Meline	David	W.
Street Address 1	Street Address 2	
c/o Amgen Inc.	One Amgen Center Drive	
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necess	sary):	
Last Name	First Name	Middle Name
Patton	Cynthia	M.
Street Address 1	Street Address 2	
c/o Amgen Inc.		
c/o / migen me.	One Amgen Center Drive	
City	One Amgen Center Drive State/Province/Country	ZIP/PostalCode
City	_	ZIP/PostalCode 91320
City Thousand Oaks	State/Province/Country CALIFORNIA	
City Thousand Oaks Relationship: X Executive Officer	State/Province/Country CALIFORNIA Director Promoter	
	State/Province/Country CALIFORNIA Director Promoter	
City Thousand Oaks Relationship: X Executive Officer Clarification of Response (if Necess Last Name	State/Province/Country CALIFORNIA Director Promoter sary):	91320
City Thousand Oaks Relationship: X Executive Officer Clarification of Response (if Necess Last Name	State/Province/Country CALIFORNIA Director Promoter sary): First Name	91320
City Thousand Oaks Relationship: X Executive Officer Clarification of Response (if Necess Last Name Piacquad	State/Province/Country CALIFORNIA Director Promoter sary): First Name David	91320
City Thousand Oaks Relationship: X Executive Officer Clarification of Response (if Necess Last Name Piacquad Street Address 1	State/Province/Country CALIFORNIA Director Promoter sary): First Name David Street Address 2	91320

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Scott David

Street Address 1 Street Address 2

c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

J.

Thousand Oaks CALIFORNIA 91320

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Tross Stuart A.

Street Address 1 Street Address 2 c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Baltimore David

Street Address 1 Street Address 2

c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Biondi, Jr. Frank J.

Street Address 1 Street Address 2

c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

de Carbonnel François

Street Address 1 Street Address 2

c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Coffman Vance D.

Street Address 1 Street Address 2

City State/Province/Country ZIP/PostalCode

One Amgen Center Drive

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

c/o Amgen Inc.

Last Name First Name Middle Name

Eckert Robert A.

Street Address 1 Street Address 2

c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Garland Greg C.

Street Address 1 Street Address 2 c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Henderson Rebecca M.

Street Address 1 Street Address 2 c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Herringer Frank C.

Street Address 1 Street Address 2

c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Jacks Tyler

Street Address 1 Street Address 2

c/o Amgen Inc. One Amgen Center Drive

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name **First Name** Middle Name

Pelham Judith C.

Street Address 1 Street Address 2

One Amgen Center Drive c/o Amgen Inc.

City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Ronald D. Sugar

> **Street Address 1 Street Address 2**

c/o Amgen Inc. One Amgen Center Drive

> City State/Province/Country ZIP/PostalCode

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Williams R. Sanders

> **Street Address 1 Street Address 2**

c/o Amgen Inc. One Amgen Center Drive

> State/Province/Country City ZIP/PostalCode

Thousand Oaks 91320 **CALIFORNIA**

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing Banking & Financial Services

X Biotechnology Restaurants Commercial Banking Health Insurance Technology Insurance Hospitals & Physicians Computers

Investing Pharmaceuticals **Telecommunications Investment Banking**

Pooled Investment Fund Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel

an investment company under Real Estate Airlines & Airports the Investment Company Commercial Act of 1940? Lodging & Conventions

Construction Tourism & Travel Services

Other Banking & Financial Services **REITS & Finance** Other Travel

Other

Residential

Energy Other Real Estate

No

Oil & Gas

Energy Conservation Environmental Services

Yes

Business Services

Coal Mining **Electric Utilities**

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company Act Section 3(c)		
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)	
Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(iii)	Section 3(c)(3)	Section 3(c)(11)	
Rule 505	Section 3(c)(4)	Section $3(c)(12)$	
X Rule 506(b) Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)	
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)	
	Section $3(c)(7)$		

7. Type of Filing

New Notice Date of First Sale 2011-09-28 First Sale Yet to Occur

X Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? X Yes No

9. Type(s) of Securities Offered (select all that apply)

Equity Debt	Pooled Investment Fund Interests Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	X Other (describe)
, ,	Commercial Paper

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$250,000 USD

12. Sales Compensation

Recipient CRD Number None

Goldman, Sachs & Co.		361		
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CRD Number	X None	
None		None		
Street Address 1		Street Address 2		
200 West Street City New York		State/Province/Country NEW YORK		ZIP/Postal Code 10282
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States	Foreign/non-US		
Recipient		Recipient CRD Number None		
Barclays Capital Inc.		19714		
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CRD Number	X None	
N/A		None		
Street Address 1		Street Address 2		
745 7th Avenue				
City		State/Province/Country		ZIP/Postal Code
New York		NEW YORK		10019
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States	Foreign/non-US		
Recipient		Recipient CRD Number None		
Citigroup Global Markets Inc.		7059		
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CRD Number	X None	
N/A		None		
Street Address 1		Street Address 2		
388 Greenwich Street				
City		State/Province/Country		ZIP/Postal Code
New York		NEW YORK		10013
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States	Foreign/non-US		
Recipient		Recipient CRD Number None		
Banc of America Securities LLC		26091		
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CRD Number	X None	
None		None		
Street Address 1		Street Address 2		
One Bryant Park				
City		State/Province/Country		ZIP/Postal Code
New York		NEW YORK		10019
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States	Foreign/non-US		
Recipient		Recipient CRD Number None		
Morgan Stanley & Co. Incorporated		8209		
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CRD	X None	

Number

None

None

Street Address 1 Street Address 2

1585 Broadway

City State/Province/Country ZIP/Postal Code

New York NEW YORK 10036

State(s) of Solicitation (select all that apply)

Check "All States" or check individual X All States Foreign/non-US

States

Recipient CRD Number None

Deutsche Bank Securities Inc. 2525

(Associated) Broker or Dealer X None (Associated) Broker or Dealer CRD X None

Number

None None

Street Address 1 Street Address 2

60 Wall Street

City State/Province/Country ZIP/Postal Code

New York NEW YORK 10005

State(s) of Solicitation (select all that apply)

Check "All States" or check individual X All States Foreign/non-US

States

13. Offering and Sales Amounts

Total Offering Amount \$2,500,000,000 USD or Indefinite

Total Amount Sold \$0 USD

Total Remaining to be Sold \$2,500,000,000 USD or Indefinite

Clarification of Response (if Necessary):

This is a continuous commercial paper program. The total amount offered represents the maximum authorized amount. As of the date of this filing, no amounts are outstanding under this program.

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

34

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$750,000 USD X Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

Annualized estimate based on the total offering amount of the program.

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
AMGEN INC	/s/ David J. Scott	David J. Scott	Senior Vice President, General Counsel and Secretary	2015-01-23

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.