FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Patton Cynthia M						2. Issuer Name and Ticker or Trading Symbol AMGEN INC [ AMGN ]										Check	ationship of Reporti ( all applicable) Director Officer (give title		10% C		Owner
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/24/2017										X	belov		& CC	Other (specify below)	
(Street) THOUSA OAKS (City)	C.		01320-17 Zip)	799	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										i. Indiv ine) X	Forn Forn	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					r) E	2A. Deemed Execution Date, f any Month/Day/Year)				ties Acquired (A) d Of (D) (Instr. 3, 4			nd 5)	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 03/24/2						2017			F		1,893		D	\$160	6.04 23		3,576(1)(2)		D		
Common Stock																248.1599 <sup>(3)</sup>			I	401(k) Plan	
		Та										sed of, onvertib					vned			·	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise (Month/Day/Year) Price of Derivative Security  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)			4. Transa Code ( 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares			nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O Fe D OI (I)	0. bwnership orm: irrect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 372 RSUs which vest on 1/31/2018; 616 shares which vest in one installment of 303 on 1/30/2018 and one installment of 313 on 1/30/2019; and 1,023 RSUs which vest in one installment of 337 on 5/3/2018, one installment of 338 on 5/3/2019 and one installment of 348 on 5/3/2020. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 87 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 share amount.
- 3. These are shares acquired under the Company's 401(k) Plan and represent interests in the Company's stock fund as of this filing.

/s/ Cynthia M. Patton 03/27/2017

\*\* Signature of Reporting Person Date

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.