## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

OMB APPROVAL OMB Number: Estimated average burden 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*     Dittrich Thomas J.W.						2. Issuer Name <b>and</b> Ticker or Trading Symbol  AMGEN INC [ AMGN ]									Check	all app	p of Reportin blicable) ctor er (give title	10	% Owner	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/05/2014									X	belov	v)		Other (specify below)	
(Street) THOUSA OAKS (City)	THOUSAND CA 91320 OAKS				4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     X 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																				
Dat				Date	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indire	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(	,
Common Stock 03/0					03/05/2014						4,207	7	A	\$0		20,971(1)(2)		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	rivative curity Conversion or Exercise (Month/Day/Year) Execution Date, if any			Date,	4. Transa Code ( 8)			ative rities ired osed . 3, 4	Expiratio	Date Exercisable and xpiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		t		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Insti	Benefic Owners ct (Instr. 4	rect cial ship

## **Explanation of Responses:**

- 1. The shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 308 RSUs which fully vest on 4/26/2014; 1,149 RSUs which vest in annual installments of 566 and 583 on 4/25/2014 and 4/25/2015, respectively; 1,400 RSUs which vest in two equal installments of 462 each on 4/27/2014 and 4/27/2015 and one installment of 476 on 4/27/2016; and 942 RSUs which vest in annual installments of 310, 311 and 321 on 4/26/2015, 4/26/2016 and 4/26/2017, respectively. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 26 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 Equity Incentive Plan, as amended and restated, 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/ Thomas J.W. Dittrich 03/06/2014

\*\* 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.