FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Vashington,	D.C.	20549

	OMB APPROVAL										
	OMB Number: 3235-0287 Estimated average burden										
	hours per respons	e 0.5									

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* REESE DAVID M					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director						
(Last) ONE AN	(Fii MGEN CEN	,	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 04/30/2024										belov	er (give title v) & Chief Te	echno	Other (s below) ology Offi	`	
DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) THOUSAND OAKS CA 91320					X Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City)							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	quired	, Dis	posed of	, or E	Benefic	ially	Own	ed				
Date					2. Transaction Date Month/Day/Year) (Month/Day/Year)		ate,	Transaction Disposed O Code (Instr. 5)		s Acquired (A) of f (D) (Instr. 3, 4		and Securi Benefi Owned		ties cially I Following	Forn (D) o	n: Direct or Indirect nstr. 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 04/30/2						Page 124 F 690 D \$276.38			59,	59,976 ⁽¹⁾⁽²⁾ D										
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date		(Month/Day/Year) if any		emed tion Date, n/Day/Year)	4. Transa Code (8)		of	r osed (1. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Amou Secur Under Deriva Secur 3 and	int of ities rlying ative ity (Instr.	Der Sec	Price of rivative curity str. 5)	9. Number of 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	or Number of Shares									

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 1,180 RSUs which will vest on 5/5/2024; 1,363 RSUs which will vest on 4/30/2025; 3,897 RSUs which will vest in two installments of 1,286 each on 5/2/2024 and 5/2/2025, and one installment of 1,325 on 5/2/2026; and 3,814 RSUs which will vest in installments of 1,258 on 5/2/2025, 1,259 on 5/2/2026, and 1,297 on 5/2/2027. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 694 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 2009 Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited to 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/ David M. Reese 04/30/2024

** 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.