FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540
Vashington,	D.C.	20549

STATEMENT OF	CHANGES	IN RENEFICIAL	OWNE

OMB APP	PROVAL								
OMB Number: 3235-0287									
Estimated average burden									
hours per response	. 0.5								

Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* ISHRAK OMAR					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]								ck all app Direc	tor	ng Pers	son(s) to Is			
(Last)	(Fir	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/07/2024						/Day/Year)				Office below	er (give title		Other (s below)	specify
ONE AMGEN CENTER DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)	AND CA	CA 91320									X	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
OAKS CA 71320					Rul	Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (2	Zip)		$ _{\square}$	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.									nded to				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Benefi	ciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day.				Execu //Year) if any		eemed ution Date, r th/Day/Year)				s Acquired (A) f (D) (Instr. 3, 4		and Securit Benefic		es ially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Pri	ce	Transac (Instr. 3	ction(s)			(Instr. 4)	
Common	Stock			05/07/2	:024		A		116.5501	. A \$		\$ <mark>0</mark>	3,976.6673(1)(2)		D 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)		Transaction of Code (Instr. Derivative		vative crities cired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A)		(A)	(D)	Date Expiration Date		Title	Amous or Number of Shares	er						

Explanation of Responses:

- 1. The Restricted Stock Units (RSUs) were granted, under the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan and vested immediately. Vested RSUs are paid in shares of the Company's common stock on a one-to-one basis. Vested RSUs may be deferred by the director, in which case, payment will occur according to the elected deferral schedule.
- 2. These shares include 134 Dividend Equivalents (DEs) granted pursuant to the Director Program and subject to a qualifying dividend reinvestment plan. DEs are credited on the director's vested but deferred Restricted Stock Units and are paid out in shares of the Company's Common Stock on a one-to-one basis along with a cash payment for any remaining fractional share amount.

/s/ S. Omar Ishrak

05/07/2024

** 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.