SEC Form 4	
------------	--

Г

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL ~~~~ 0005 000

11 9	JMB Number:	3235-0287
1	Estimated average burd	en
1	nours per response:	0.5

1. Name and Address of Reporting Person [*] HOOPER ANTHONY C			2. Issuer Name and Ticker or Trading Symbol <u>AMGEN INC</u> [AMGN]	(Check	tionship of Reporting Pers all applicable) Director Officer (give title	son(s) to Issuer 10% Owner Other (specify
(Last) ONE AMGEN (ONE AMGEN CENTER DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 03/27/2015	- X	below) EVP, Global Comm	below)
(Street) THOUSAND OAKS	СА	91320-1799	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing Form filed by One Repc Form filed by More than Person	orting Person
(City)	(State)	(Zip)				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		(4) or			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	03/27/2015		F		28,624	D	\$160.55	166,909(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)	ecurity Conversion Date or Exercise (Month/Day/Yea		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 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)	,) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 5,799 RSUs which vest in two installments of 2,856 and 2,943 on 4/27/2015 and 4/27/2016, respectively; 5,010 RSUs which vest in one installment of 2,467 on 1/28/2016 and one installment of 2,543 on 1/28/2017; 5,044 RSUs which vest in three installments of 1,664, 1,665 and 1,715 on 1/31/2016, 1/31/2017 and 1/31/2018, respectively; and 4,597 RSUs which vest in two equal installments of 1,517 on 1/30/2017 and 1/30/2018 and one installment of 1,563 on 1/30/2019. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

2. These shares include 680 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.

03/31/2015 /s/ Anthony C. Hooper Date

** 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.