FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per respon	se: 0.5								

	Check this box if no longer subject
$\neg$	to Section 16. Form 4 or Form 5
J	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

1. Name and Address of Reporting Person*				Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer						
ISHRAK OMAR					AMGEN INC [ AMGN ]								Ι,		all applicable) Director		10% Ov	vner		
(Last)	(Fi	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/08/2023									Office	er (give title v)		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)					
	THOUSAND CA 91320											2	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
	OAKS GA 31320				Rule 10b5-1(c) Transaction Indication															
(City)	(St	ate) (2	Zip)		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.													ended to		
		Table	I - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				/Year)	eemed ution Date, , th/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed (	ies Acquired (A Of (D) (Instr. 3,		(A) or 3, 4 and	Benefic Owned	ties cially I Following		: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (C	A) or D)	Price		ted (insaction(s) 3 and 4)		. 4)	(Instr. 4)	
Common Stock 08/08/20					:023				A		124.616	6	A	\$0	3,525	25.2516 <sup>(1)</sup>		D		
		Tab	ole II -	Derivativ (e.g., pu											y Owne	ed				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			ıtion Date,	4. Transaction Code (Instr. 8)				6. Date Expirati (Month/		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		S (I	. Price of perivative security nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of							

## **Explanation of Responses:**

- 1. The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Director Incentive Program, as amended, 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 40 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

\*\* Signature of Reporting Person Date

08/08/2023

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.