## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE

OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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*     Bradway Robert A					2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								_	X X	belov	er (give title w)	Oth bel	,
ONE AMGEN CENTER DRIVE				03/.	03/22/2019										Cha	urman, CE	O and Pres	dent	
(Street) THOUSAND OAKS CA 91320-1799				4. If	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					
(City)	(St	ate) (	Zip)													Form filed by More than One Reporting Person			
		Tabl	e I - Nor	n-Deriv	ative	Sec	uritie	s Acc	uired,	, Dis	posed o	f, or	Ben	eficia	ally (	Owne	ed		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Instr					d 5)	Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect		
									Code	v	Amount	(A (D	A) or D)	Price		Transaction(s) (Instr. 3 and 4)			(1134. 4)
Common Stock 03/22/2						2019			F		25,268	8 D \$1		\$191	.89	9 456,413(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)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)				4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ıstr. 3	Deriv Secu	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nu of	ount mber ares					

## **Explanation of Responses:**

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 9,427 RSUs which vest in one equal installment of 4,643 on 5/3/2019 and one installment of 4,784 on 5/3/2020; 14,760 RSUs which vest in installments of 4,648 on 4/27/2020, 4,649 on 4/27/2021 and 4,790 on 4/27/2022. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 2,054 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.

/s/ Andrea A. Robinson,

Attorney-in-Fact for Mr.

**Bradway** 

\*\* Signature of Reporting Person Date

03/25/2019

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.