## SEC Form 4

## 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
OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

						1,							
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol <u>AMGEN INC</u> [ AMGN ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SCHAEFFER LEONARD D								Director	10% 0	Dwner			
(Last) ONE AMGEN C	(First) CENTER DRIVE	(Middle)		te of Earliest Transad 8/2011	ction (Month/D	ay/Year)		Officer (give title below)	Other	(specify )			
(Street) THOUSAND OAKS	CA	91320-179		Amendment, Date of	Original Filed	Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)											
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3) 2. Trans				2A. Deemed	3.	4. Securities Acquired (A)	or	5. Amount of	6. Ownership	7. Nature of			

. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	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	Reported Transaction(s) (Instr. 3 and 4)		(1130. 4)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/N	ate	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	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		Transaction(s) (Instr. 4)		
Dividend Equivalent	(1)	09/08/2011		Α		15.0758		(1)	(1)	Common Stock	15.0758	\$ <mark>0</mark>	15.0758	D	

#### Explanation of Responses:

1. The Dividend Equivalents were granted pursuant to the Amgen Inc. 2009 Director Equity Incentive Program under the Amgen Inc. 2009 Equity Incentive Plan. The Dividend Equivalents are credited and deemed reinvested in the director's account in lieu of a cash dividend payment on the director's vested but deferred Restricted Stock Units. Dividend Equivalents will be paid in whole shares of the Company's common stock on a one-to-one basis on the director's elected deferral date, along with a cash payment for any remaining fractional share amount.

/s/ Leonard D. Schaeffer

09/12/2011

\*\* Signature of Reporting Person

orting 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.