FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasiiiigion,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Santos Esteban				2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									heck all a Dir	nip of Reportir oplicable) ector cer (give title	10	to Issuer % Owner her (specify		
(Last) ONE AM	(Fi IGEN CEN	rst) (1 TER DRIVE	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/07/2018									ow)		low)	
(Street) THOUSA OAKS (City)	C.		11320		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) <mark>X</mark> Fo Fo	ividual or Joint/Group Filing (Check Applicable 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. Transa Date (Month/D.			action	action 2A. Deemed Execution Date,		3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			A) or	5. Ai Secu Bend Own	nount of rities ficially ed Following orted	6. Ownersh Form: Direc (D) or Indir (I) (Instr. 4)	t of Indirect					
							Code	v	Amount	nount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)			(
Common Stock 03/07			7/2018	/2018		A		3,527	7	A	\$() 3	34,980(1)(2)					
Common Stock												70)7.9895 ⁽³⁾	I	401K Plan			
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)	te Execution Date, Trans			saction of			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		unt	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	Beneficial Ownership ect (Instr. 4)	
					Code	ode V (A) (D)		Date Exercisal		xpiration ate Title Shares								

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 313 RSUs which vest in one installment on 1/30/2019; 1,023 RSUs which vest in two equal installments of 337 on 5/3/2018 and 5/3/2019 and one installment of 348 on 5/3/2020; 11,483 RSUS which vest vest in two equal installments of 3,789 on 8/1/2018 and 8/1/2019 and one installment of 3,905 on 8/1/2020; and 3,444 RSUs which vest in installments of 1,136 on 5/1/2019, 1,137 on 5/1/2020 and 1,171 on 5/1/2021. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one
- 2. These shares include 602 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 2009 Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited to 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.
- 3. These shares are acquired under the Company's 401(k) Plan and represent interests in the Company's stock fund as of this filing.

03/09/2018 /s/ Esteban Santos

** 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.