FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT	OF CHA	NGES IN	BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
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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* <u>Balachandran Madhavan</u>					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]										Check a	app Direc	ctor	ng Pers	10% C		
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 01/31/2014											Officer (give title below) EVP, Op)perat	below)		
(Street) THOUSAND CA 91320-1799			4. If	4. If 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					on		
(City)	(St	ate) (Zip)																		
		Tabl	e I - Noi	n-Deriv	ative/	Se	curiti	es Ac	qui	ired,	Disp	osed o	f, oı	Ber	efici	ally O	vne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		, [3. Transaction Code (Instr. 8)						4 and Se Be		Amount of ecurities eneficially wned Following eported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								G	Code	v	Amount	nt (A) or (D)		Price	, т	Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common	Stock			01/3	1/2014	2014			A		4,707(1)	A	\$	0	46,152(2)(3)		D			
Common Stock																	34,851			I	By Family Trust
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 Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 8)				of Of Der Sec (A) Dis of (oosed D) tr. 3, 4	Exp (Mo	piratior onth/Da	n Date			nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, D	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Equity Incentive Plan and vest in three annual installments of 33%, 33% and 34% on 1/31/2016, 1/31/2017 and 1/31/2018, respectively.
- 2. These shares include the following RSUs granted under the Company's equity plans: 875 RSUs which fully vest on 4/26/2014; 3.015 RSUs which vest in one installment of 1.485 on 4/25/2014 and one installment of 1.530 on 4/25/2015; 2.512 RSUs which vest in three installments of 8.28, 829 and 855 on 4/27/2014, 4/27/2015 and 4/27/2016, respectively; 26.634 RSUs which vest in two equal installments of 8.789 each on 7/31/2014 and 7/31/2015 and one installment of 9.056 on 7/31/2016; 7.477 RSUs which vest in two equal installments of 2.467 each on 1/28/2015 and 1/28/2016 and one installments of 1.553 each on 1/31/2016 and 1/31/2018. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 3. These shares include 932 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 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/ Madhavan Balachandran 02/04/2014

** 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.