FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C.	20549
----------------	----	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
- 1	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* Gordon Murdo					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									ck all applic Director	able)	g Person(s) to Issu 10% Ov Other (s		vner
(Last) ONE AN	(F MGEN CEN		3. Date of Earliest Transaction (Month/Day/Year) 05/05/2020								_ X	below)		below) Commercial Ops				
(Street) THOUS	C		91320		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	Form fi	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5		(Zip)															
		Tai	ole I - Non	ı-Deriva	tive S	ecuritie	S AC	quired,	Dis	posed o	t, or E	ene	ficially	/ Owned				
Date			2. Transac Date (Month/Da	Execution Date		Code (Instr. 5)					5. Amour Securitie Beneficia Owned F Reported	es Formally (D) (I) (I		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								v	Amount	(A)) or)	Price	Transact (Instr. 3 a	ion(s)			(111501.4)	
Common Stock 05/09				05/05/2	5/2020		A		3,469 ⁽¹⁾ A		A	\$0	37,87	37,873(2)(3)		D		
			Table II - I					,	•	osed of, onvertib			•	Owned				
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/Yea	ate, Tra	, Transaction Code (Instr.				6. Date Exercisable Expiration Date (Month/Day/Year)		of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	ie V	(A)	(D)	Date Exercisab		Expiration Date	Title	0 0	Amount or Jumber of Shares					
Nqso (Right to	\$236.36	05/05/2020		A		29,050		05/05/2022	(4)	05/05/2030	Comm		29,050	\$0	29,05	0	D	

Explanation of Responses:

- 1. The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan and vest in three installments of 33%, 33% and 34% on 5/5/2022, 5/5/2023 and 5/5/2024, respectively.
- 2. These shares include the following RSUs granted under the Company's equity plans: 22,238 RSUs which vest in installments of 11,975 on 11/2/2020 and 10,263 on 11/2/2021; 4,511 RSUs which vest in installments of 1,488 on 5/3/2021, 1,489 on 5/3/2022 and 1,534 on 5/3/2023; and 3,469 RSUs which vest in installments of 1,144 on 5/5/2022, 1,145 on 5/5/2023 and 1,180 on 5/5/2024. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 3. These shares include 1,145 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 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.
- 4. These non-qualified stock options are exercisable in three installments of 33%, 33% and 34% on 5/5/2022, 5/5/2023 and 5/5/2024, respectively.

05/07/2020

** Signature of Reporting Person

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.