FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP				
	STATEMENT	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

1. Name and Address of Reporting Person* Patton Cynthia M					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									heck all D	ship of Report applicable) rector		10% C	wner	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/04/2015										Officer (give title below) SVP & CCO			
(Street) THOUSA OAKS	AND CA 91320-1799				4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X F F	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			on	
(City)	(S		Zip)	Doriv	ativo S		ritios	Λοαι	uirod	Dier	ancod o	f or	Pone	ficia	ully Ov	nod			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action 2A. Deemed Execution Date,		I Date,	3. 4. Securit Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		(A) or	or 5. Amount o		unt of 6. 0 ies Folicially (D) Following ed		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stock			03/04	1/2015			Code	V	7,567	(1	A \$0		(Ins	(Instr. 3 and 4)		D		
Common Stock																235.44 ⁽³⁾	T	I	401(k) 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	exercise (Month/Day/Year) if any Code (Instr. Derivative se of ivative (Month/Day/Year) 8) Securities Acquired				ve (les d	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (In and 4)				nt of ities rlying ative ity (Ins	tr. 3	8. Price Derivativ Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V	,	(A) (D		Oate Exercisat		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 508 RSUs which vest in on 4/25/2015; 804 RSUs which vest in two annual installments of 396 on 4/27/2015 and 408 on 4/27/2016; 3,632 RSUs which vest in two installments of 1,789 and 1,843 on 10/26/2015 and 10/26/2016, respectively; 1,410 RSUs which vest in two installments of 694 and 716 on 1/28/2016 and 1/28/2017, respectively; 1,092 RSUs which vest in two equal installments of 360 on 1/31/2016 and 1/31/2017 and one installment of 372 on 1/31/2018; and 919 shares that vest in two equal installments of 303 on 1/30/2017 and 1/30/2018 and one installment of 313 on 1/30/2019. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis
- 2. These shares include 263 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.
- 3. These are shares acquired under the Company's 401(k) Plan and represent interests in the Company's stock fund as of this filing.

/s/ Cynthia M. Patton 03/06/2015

** 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.