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

| Washington, | D.C. | 20549 |
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| STATEMENT OF CH | ANGES IN BENEF | ICIAL OWNERSHIP |
|-----------------|----------------|-----------------|
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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

| Name and Address of Reporting Person* OMENN GILBERT S | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN] | | | | | | | | | | | ationship of Reportin k all applicable) Director | | g Person(s) to Issu 10% Ow | | |
|---|---|--|--|------------|---------------|--|------|---|----------------------------------|-----------------------------|--|---------------------|------------------|------|--|---|---|---|---|--|--|
| (Last) (First) (Middle) ONE AMGEN CENTER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2006 | | | | | | | | | | | Offic belov | er (give title v) | | Other below) | (specify |
| (Street) THOUSA OAKS (City) | C | | 91320-17 (Zip) | 799 | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | on |
| | | Tab | le I - No | n-Deriv | /ative | Se | ecur | ities | Acq | uired, | Dis | posed o | f, o | r Be | nefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ır) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction Dispose Code (Instr. | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and 5) | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | nt (A) or P | | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| CCPR | | | | 03/01/ | 03/01/2006(1) | | (1) | | S ⁽¹⁾ | | 0(1) | | D ⁽¹⁾ | \$ | \$0 ⁽¹⁾ | | 0.5(1) | | D ⁽¹⁾ | | |
| Common Stock | | | | 03/01/2006 | | | | S | | 300 | | D | \$7 | 6.11 | 169,357 | | | D | | | |
| Common Stock | | | | 03/01/2006 | | | | | S | | 700 | 700 | | \$7 | 6.16 | 168,657 | | | D | | |
| Common Stock | | | | 03/01/2006 | | | | | S | | 600 | D \$76 | | 6.22 | 10 | 68,057 | | D | | | |
| Common Stock 03/ | | | | 03/01 | 01/2006 | | | | | S | | 400 | D \$76.24 | | 6.24 | 4 168,657 | | | D | | |
| | | Ta | | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| Derivative Conversion Da | | 3. Transaction Date (Month/Day/Year) | Execution Date | | | Transaction Code (Instr. 8) | | on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expiration (Month/D | on Dat Day/Ye | | or Numb of | | of s ng e (Instr. 3 mount or | Deri Sec (Ins | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | F [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. (GO-CCPR)Contractual Contingent payment rights arising from the purchase by Amgen Inc, of two class A interests of Amgen Clinical Partners, L.P.

/s/ Gilbert S. Omenn

03/02/2006

** 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.