## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## 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

Name and Address of Reporting Person*  Declared Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Bradway Robert A															X Dire		ctor		10% Owner	
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)									X Office below		er (give title v)		Other (specify below)	
ONE AMGEN CENTER DRIVE					03/	03/24/2017									Chairman, CEO and President					nt
(Street) THOUSAND					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
OAKS	CA	A 9	91320-1799												X	Form filed by One Reporting Person				on
													Form filed by More than One Reporting Person				orting			
(City)	(St	ate) (	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)						Execution D		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				and 5) Secur Benef		cially d Following	6. Owners Form: Dir (D) or Indi (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111311. 4)
Common Stock 03/24/2						2017					36,384		D	\$166.04		4 381,482(1)(2)		D		
	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)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercis. Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa	able	Expiration Date	Title	or Nu of	nount mber ares						

## **Explanation of Responses:**

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 5,145 RSUs which vest on 1/31/2018; 8,977 RSUs which vest in two installments of 4,421 and 4,556 on 1/30/2018 and 1/30/2019, respectively; and 14,070 RSUs which vest in two equal installments of 4,643 on 5/3/2018 and 5/3/2019 and one installment of 4,784 on 5/3/2020. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 1,230 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.

/s/ Andrea A. Robinson,

Attorney-in-Fact for Mr.

**Bradway** 

\*\* Signature of Reporting Person Date

03/28/2017

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.