SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287

- 1	Estimated average burden hours per response:		0.5

1. Name and Address of Reporting Person [*] <u>MCNAMEE BRIAN M</u> (Last) (First) (Middle) ONE AMGEN CENTER DRIVE			2. Issuer Name and Ticker or Trading Symbol <u>AMGEN INC</u> [AMGN] 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2013		tionship of Reporting Per all applicable) Director Officer (give title below) SVP, Human Re	10% Owner Other (specify below)	
(Street) THOUSAND OAKS	СА	91320-1799	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		Disposed Of	Disposed Of (D) (Instr. 3, 4 and 5)		Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(
Common Stock	03/06/2013		A		16,571	A	\$ <mark>0</mark>	73,836 ⁽¹⁾⁽²⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	*	2				-		3						
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/Year)	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed		, Date Exercisable and Expiration Date (Month/Day/Year)		and nt of ties lying tive ty (Instr. 3	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 1,425 RSUs which fully vest on 4/28/2013; 2,900 RSUs which vest in two equal annual installments of 1,450 each commencing 4/26/2013; 22,081 RSUs which fully vest on 12/31/2014; 7,500 RSUs which vest in two equal installments of 2,475 each on 4/25/2013 and 4/25/2014 and one installment of 2,550 on 4/25/2015; 4,466 RSUs which vest in three installments of 1,473, 1,474 and 1,519 on 4/27/2014, 4/27/2015 and 4/27/2016, respectively; and 4,439 RSUs which vest in three installments of 1,464, 1,465 and 1,510 on 1/28/2015, 1/28/2016 and 1/28/2017, respectively. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis

2. These shares include 60 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.



** 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.