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

STATEMENT	OF CHANGES II	N 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

1. Name and Address of Reporting Person* JOHNSON FRANKLIN P JR					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]											tionship of Reportir all applicable) Director		ng Person(s) to Issu 10% Owr			
(Last) ONE AM	`	rst) (TER DRIVE	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/25/2004											Office	er (give title v)		Other below)	(specify
(Street) THOUSA OAKS	AND CA	A 9	91320-17	99	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individue)	Form filed by One Reporting Person Form filed by More than One Reporting Person				on		
(City)	(St		Zip)																		
		Tabl	le I - Nor	า-Deriv	ative	Se	cur	ities	s Acq	uired,	Dis)wne	ed			
Date			Date	nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.					(A) or 3, 4 aı	nd S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	(A) or (D)		Price	. [-	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			05/25	5/2004				G	V	12,00	0	D	\$0		995,322(1)			D		
Common Stock 05/2			05/25	5/2004	/2004				G V 1		12,000	00 D		\$	844,888 ⁽²⁾		4,888 ⁽²⁾		I	By Spouse	
		Та	able II - D									sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	4. Transacti Code (Ins		of of of or. Of or. Of or. Of or. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E: Expiratio (Month/D	n Date ay/Ye	9	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares		ount	8. Prio Derivi Secur (Instr.	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F C C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. (FPJ 5.25.04) Does not include (i) 696,800 shares held as indirect ownership by Asset Management Partners (the "Partnership") for which the reporting person is a general partner, and (ii) 4 units contractual contingent payment rights held as indirect ownership by the Partnership arising from the purchase by Amgen Inc. of two Class A interests of Amgen Clinical Partners, L.P. The reporting person disclaims beneficial ownership of the securities held by the Partnership and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 of the Securities Exchange Act of 1934

2. (FPJcp 5.25.04) The reporting person disclaims beneficial ownership of the securities held by the spouse of the reporting person and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 of the Securities Exchange Act of 1934.

/s/ Johnson, Jr., Franklin P 05/26/2004

** 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.