FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

BENEFICIAL OWNERSHIP

wasnington,	D.C.	20548

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the

OMB APPROVAL

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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* Santos Esteban						2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									Check	all app Dired	olicable)		Owner r (specify
(Last) ONE AM	ast) (First) (Middle) NE AMGEN CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 03/23/2018									X	below)		belo perations	
(Street) THOUSA OAKS (City)	C.		91320-17 Zip)	799	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Indivi ne) X	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative	Se	curitie	es Acc	quired,	, Dis	posed o	f, or	Bene	eficia	ally () Wne	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution ay/Year) if any				Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr.				l and 5) Secu Bene Own		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D) Pri		Price	Reported Transaction(s) (Instr. 3 and 4)		action(s)		(111501.4)	
Common Stock 03/23/2				/2018	2018		F		1,634		D	\$176.08		33,489(1)(2)		D			
Common Stock													707.9895 ⁽³⁾		I	401K Plan			
		Та									osed of, onvertib				y Ov	ned			
1. Title of Derivative Security (Instr. 3)	ivative critical part of Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8			sunsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative urities uired or osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		ount	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 313 RSUs which vest in one installment on 1/30/2019; 1,023 RSUs which vest in two equal installments of 337 on 5/3/2018 and 5/3/2019 and one installment of 348 on 5/3/2020; 11,483 RSUs which vest in two equal installments of 3,789 on 8/1/2018 and 8/1/2019 and one installment of 3,905 on 8/1/2020; and 3,444 RSUs which vest in installments of 1,136 on 5/1/2019, 1,137 on 5/1/2020 and 1,171 on 5/1/2021. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 720 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 2009 Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited to 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 shares are acquired under the Company's 401(k) Plan and represent interests in the Company's stock fund as of this filing

/s/ Richard Benson, Attorneyin-Fact for Mr. Santos

03/27/2018

** 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.