FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

D.O. 00540	
ngton, D.C. 20549	OMB

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
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0.5

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

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* <u>Drake Michael V</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]										k all app	tionship of Reportii all applicable) Director		son(s) to Is		
(Last)	(Fir	st) (M	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/02/2023									Office	er (give title v)		Other (s	specify
ONE AMGEN CENTER DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) THOUS	AND CA	<u> </u>	1320											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a c satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instru								contr	act, instru n 10.	uction or writt	en plar	n that is inter	nded to	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of,	or B	enefic	ially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Exec if any	Deemed ution Date, / th/Day/Year)		3. Transaction Code (Instr. 8)  4. Securitie: Disposed O 5)		s Acquired (A) of (D) (Instr. 3, 4		4 and Securit Benefic Owned		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) o	r Price	Tra		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock				05/02/2	/2023				Α		137.7294	· A	\$	0	960.7339(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)	te Execution Date,		4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rities ired r osed ) : 3, 4	6. Date Exerc Expiration Di (Month/Day/)		tte ear)	7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)		Der See (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Director Incentive Program, as amended, under the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan and vested immediately. Vested RSUs are paid in shares of the Company's common stock on a one-to-one basis. Vested RSU's may be deferred by the director, in which case payment will occur according to the elected deferral schedule.
- 2. These shares include 18 Dividend Equivalents (DEs) granted pursuant to the Director Program and subject to a qualifying dividend reinvestment plan. DEs are credited on the director's vested but deferred Restricted Stock Units and are paid out in shares of the Company's Common Stock on a one-to-one basis along with a cash payment for any remaining fractional share amount.

/s/ Michael V. Drake

05/03/2023

\*\* Signature of Reporting Person

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.