Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
hours per response:	0.5							

1. Name ar	Issuer Name and Ticker or Trading Symbol     AMGEN INC [ AMGN ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner									
(Last)								3. Date of Earliest Transaction (Month/Day/Year) 11/02/2022									nce &	Other (s below)	
(Street) THOUS, OAKS (City)	4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person									
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					Execution Date		ate,	3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)			s Acquir f (D) (Ins	ed (A) or tr. 3, 4 a	4 and Secur Benef Owne		rities Ficially ( d Following (		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	- 1.	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	022			F		125(1)	D	\$272	2.06 9,3		23(2)(3)		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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	Expiration I e (Month/Day s		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Pri Deriv Secu (Instr	ative rity	ive derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code V		(A)	(D)	Date Exercisable		Expiration Date		or Number of						

## **Explanation of Responses:**

- 1. 125 shares issuable upon the vesting of Restricted Stock Units (RSUs) and related Dividend Equivalents (DEs) on 11/2/2022 were withheld by the Company to cover related tax withholding obligations.
- 2. These shares include the following RSUs granted under the Company's equity plans: 67 RSUs which will vest on 5/3/2023; 114 RSUs which will vest in installments of 56 on 5/5/2023 and 58 on 5/5/2024; 974 RSUs which will vest in one installment of 479 on 11/2/2023 and one installment of 495 on 11/2/2024; 300 RSUs which will vest in two installments of 99 on 4/30/2023 and 4/30/2024 and one installment of 102 on 4/30/2025; 350 RSUs which will vest in two installments of 175 on 11/5/2022 and 11/5/2023; and 433 RSUs which will vest in installments of 142 on 5/2/2024, 143 on 5/2/2025, and 148 on 5/5/2026. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 3. These shares include 113 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/ Linda H. Louie

11/03/2022

\*\* 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.