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

STATEMENT	OF CHANGES IN	I 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* SCOTT DAVID J					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									Check	ationship of Reportir all applicable) Director Officer (give title		10%	Owner (specify	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 03/05/2014										X	belov	v) `	belo ounsel & Se	w)		
(Street) THOUSA OAKS	AND CA	A 9	91320-1799			4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St		Zip)																
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	of, o	r Ben	eficia	ally	Owne	ed		
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				Exe		2A. Deemed Execution Date, f any (Month/Day/Year)		Code (Transaction Dispo		rities Acquired (A ed Of (D) (Instr. 3,				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	
								Code	v	Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)			(mour 4)	
Common Stock 03			03/05	3/05/2014				A		27,36	2	A	\$0		106,415(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)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)			ative rities ired osed . 3, 4	6. Date E: Expiratio (Month/D	n Date	е	Ame Sec Und Der	Amor	str. 3 ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)

Explanation of Responses:

1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 1,450 RSUs which fully vest on 4/26/2014; 22,081 RSUs which fully vest on 12/31/2014; 7,504 RSUs which vest in one installment of 3,696 on 4/25/2014 and one installment of 3,696 on 4/25/2015; 6,141 RSUs which vest in three installments of 2,026, 2,027 and 2,088 on 4/27/2016, respectively; 5,374 RSUs which vest in two equal installments of 1,773 each on 1/28/2015 and 1/28/2016 and one installment of 1,828 on 1/28/2017; and 3,362 RSUs which vest in two equal installments of 1,109 on 1/31/2016 and 1/31/2017 and one installment of 1,144 on 1/31/2018. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis

2. These shares include 296 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.

> 03/06/2014 /s/ David J. Scott

> > Date

** 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.