FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

GES IN 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

Name and Address of Reporting Person* Piacquad David						2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									Check	all app Dired	p of Reportin blicable) ctor er (give title		10% C	ssuer Owner (specify	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						ate of 25/20		t Trans	action (N	Month/	/Day/Year)				X	belov			below)		
(Street) THOUSA OAKS	AND CA	A 9	91320-17	799	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				on		
(City)	(St		Zip)		<u> </u>																
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	posed o	of, c	or Ben	efici	ally	Owne	ed				
				2. Transaction Date (Month/Day/Year)		Ex r) if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(1130.4)	
Common	Stock			04/25	/2016				F		210		D	\$163	3.19	31,	,789 ⁽¹⁾⁽²⁾	D			
		Та									osed of, onvertib					vned					
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/D	n Date, Ti		ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Date Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		nstr. 3	Deri Seci	Price of ivative surity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Code				\ _v	(A)	(D)	Date Exercisa		Expiration Date	Tit	of Sh	ares								

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 510 RSUs which vest on 4/27/2016; 563 RSUs which vest in one installment of 277 on 4/26/2016 and one installment of 286 on 4/26/2017; 4,613 RSUs which vest on 4/26/2017; 782 RSUs which vest in two installments of 385 and 397 on 4/25/2017 and 4/25/2018, respectively; and 1,050 RSUs which vest in three annual installments of 346, 347 and 357 on 1/30/2018 and 1/30/2019, respectively. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 413 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 amount.

/s/ David A. Piacquad 04/25/2016

** 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.