FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES 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

| 1. Name and Address of Reporting Person* de Carbonnel François | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN] | | | | | | | | Relationship eck all appli X Direct | cable) | ig Pers | son(s) to Iss 10% Ov | | |
|---|---|--|---|--------|----------------------------|--|-------|---------|-----------------------------------|--|--|-----------------|---|---|--|----------------|---|-----------------------------------|--|
| (Last) ONE AN | ast) (First) (Middle) NE AMGEN CENTER DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2013 | | | | | | | | Officer below) | (give title | | Other (specify below) | | |
| (Street) THOUSAND OAKS CA 91320-1799 (City) (State) (Zip) | | | | 799 | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | E) X Form t Form t | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deri | vativ | e Se | curit | ties Ac | quired | , Dis | sposed o | of, or Be | neficial | ly Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | Benefic Owned | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 04/30/2 | | | | | | 3 | | | М | | 10,000 |) A | \$54.7 | 4 21 | 21,930 | | D | | |
| Common Stock 04/30/2 | | | | | 0/2013 | 2013 | | | F | | 6,593 | D \$106.6 | | 7 15,337 ⁽¹⁾ | | | D | | |
| | | - | Гable II - | | | | | | | | osed of, converti | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | ate, Transact Code (In: | | | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Nqso (Right to | \$54.74 | 04/30/2013 | | | M | | | 10,000 | 10/27/20 | 009 | 10/27/2015 | Common Stock | 10,000 | \$0 | 0 | | D | | |

Explanation of Responses:

1. These shares include 68 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/ Andrea Robinson, Attorneyin-Fact for Mr. de Carbonnel

** 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.