FORM 4

UNITED STATES SECU

Washington, D.C. 20549

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0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person* Drake Michael V					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
														Direc	tor		10% Ov	vner	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 11/04/2024									Office below	er (give title /)		Other (s below)	specify	
(Street) THOUSAND OAKS CA 91320					4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	3ene	ficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (In					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)				
									Code	v	Amount	(A) (D)	or F	rice	Transac (Instr. 3	tion(s)			(IIISU. 4)
Common Stock 11/04/20				024				A		220.8829	A	A	\$ <mark>0</mark>	3,552.	1796(1)(2)		D		
		Tal	ble II ·								osed of, convertib					d			
Security or Exercise (Month/Day/Year) if any			emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	8. Price of Derivative Security (Instr. 5)	ve derivative Securities	ly [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber					

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. Second Amended and Restated 2009 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 RSUs may be deferred by the director, in which case payment will occur according to the elected deferral schedule
- 2. These shares include 140 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

11/06/2024

** 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.