FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasiiiigtoii,	D.C. 20343	

l	OMB APPROVAL											
	OMB Number:	3235-0287										
l	Estimated average b	urden										

1995 Trust The Sarah Herringer

1995 Trust

500

Check this box i Section 16. For obligations may Instruction 1(b).		SIA		pursua	nt to Section 16(a) ction 30(h) of the Ir	of the S	ecurit	ies Exchange	Act of 19		E	Estimated average bu	rden 0.5
1. Name and Address of Reporting Person*  HERRINGER FRANK C				2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]							ck all applicable)  Director	10%	Owner
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					e of Earliest Transa 5/2006	action (N	/lonth/	Day/Year)		Officer (give below)	title Othe belov	er (specify w)	
(Street) THOUSAND OAKS (City)	CA (State)		mendment, Date of				Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3)  Common Stock(1)		2. Transac Date (Month/Da	tion	ion 2A. Deemed Execution Date,	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)	Acquired	(A) or	5. Amount of Securities Beneficially Owned Followir Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(111511.4)
		03/15/2			A		1,335	A	\$0.00	3,335(2)	D		
Common Stock			03/15/2	2006		A		1,706	A	\$0.00	5,041(2)	D	
Common Stock											2,075	I	Frank C & Maryellen C Herringer 1995 Family Trust
Common Stock											7,000	I	Frank C. Herringer 1995 Family Trust
Common Stock											500	I	The Julia Herringer

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, ontions, convertible securities)

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title Deriva Secur (Instr.	tive Conversion ty or Exercise		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
NQSC (Right Buy)		03/15/2006		A		5,000		03/15/2007	03/15/2013	Common Stock	5,000	\$0.00	5,000	D	_

## **Explanation of Responses:**

Common Stock

<sup>1.</sup> Represents Restricted Stock Units (RSUs) that were granted pursuant to the Amgen Inc. Director Equity Incentive Program under the Company's Amended and Restated 1991 Equity Incentive Plan. RSUs vest one year from the grant date since the director has had less than three years of prior continuous service as a director. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis shortly following vesting, unless payment is otherwise deferred by the director.

<sup>2.</sup> Includes shares equivalent to Restricted Stock Units, which were granted pursuant to the Amgen Inc. Director Equity Incentive Program under the Company's Amended and Restated 1991 Equity Incentive Plan, which were paid in shares of the Company's common stock on a one-to-one basis shortly after vesting, and which were previously identified as Restricted Stock Units on Table 1.

/s/ N. Cris Prince Attorney-N- 03/17/2006

**Fact** 

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.