## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPR	ROVAL						
	OMB Number:	3235-0287						
	Estimated average burden							
1	hours per response.	0.5						

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obligations may Instruction 1(b).	continue. See	d pursuant to Section 16(a) of the Securities Exchange Act of 1934								hours	per response:	0.5				
					ction 30(h) of the in											
Name and Address of Reporting Person*     COFFMAN VANCE D				2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)					
COMMAN	VAIVCE D						_			X	Director		10% (	Owner		
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					e of Earliest Transa 5/2015	Day/Year)		Officer (give below)	e title	Other below	(specify )					
(Street) THOUSAND OAKS	CA	91320-17	799	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(State)	(Zip)														
	Т	able I - No	n-Deriva	tive S	Securities Acq	uired,	Dis	posed of, o	r Ber	eficially	Owned					
Date		2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Ad Disposed Of (D			5. Amount of Securities Beneficially Owned Follov Reported Transaction(s	wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			

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

Code

M

F

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Amount

5,000

1,374

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deri Sec Acq (A) o Disp of (I	6. Date Exercisable and Expiration Date (Month/Day/Year) Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		ate	e and 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				
Nqso (Right to Buy)	\$42.13	02/06/2015		M			5,000	04/29/2009	04/29/2015	Common Stock	5,000	\$0	0	D	

## **Explanation of Responses:**

Common Stock

Common Stock

1. Non-market exercise of 5,000 stock options expiring April 29, 2015 wherein 1,374 shares issuable pursuant to the exercise of these otions were withheld by the Company to cover the option exercise price, with the remaining shares delivered to the reporting person. These shares include 466 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 RSUs 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 A. Robinson,

(A) or (D)

A

D

Price

\$42.13

\$153.36

(Instr. 3 and 4)

38,460

37,086(1)

Attorney-in-Fact for Dr. 02/06/2015

Coffman

\*\* 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).

02/06/2015

02/06/2015

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.