FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT C	F CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	OVAL				
OMB Number:	3235-0287				
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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* <u>Piacquad David</u>				2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]								eck all appli Direct	ionship of Reportinall applicable) Director Officer (give title below) SVP, Busines		son(s) to Iss 10% Ov Other (s	wner		
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/11/2018										helow)	below)		
(Street) THOUS	AND C	A	91320-17	799	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form t Form t	vidual or Joint/Group Fili Form filed by One Re Form filed by More th Person		orting Perso	n
(City)	(S	tate)	(Zip)															
		Tak	le I - No	n-Deri	vativ	e Se	curit	ties Ac	quired	, Dis	sposed o	f, or Be	neficial	y Owned	l			
Date					eay/Year) Execut		2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr.		ies Acquired (A) or Of (D) (Instr. 3, 4 and 5		Benefici Owned	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ion(s)			(Instr. 4)	
Common Stock 05/11/2				1/2018	2018		М		15,000) A	\$54.7	1 51	51,566		D			
Common Stock 05/11/2			1/2018	2018		F		9,860	D	\$170.7	77 41,706 ⁽¹⁾⁽²⁾⁽³⁾			D				
		-	Table II -								osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ce of ivative		3A. Deemed Execution Date, if any (Month/Day/Year)		iction Instr.			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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Nqso (Right to	\$54.71	05/11/2018			M			15,000	08/03/2	012	08/03/2020	Common Stock	15,000	\$0	0		D	

Explanation of Responses:

- 1. Non-market exercise of 15,000 stock options expiring August 3, 2020 wherein 9,860 shares issuable pursuant to the exercise of these options were withheld by the Company to cover the option exercise price and tax withholding, with the remaining shares delivered to the reporting person.
- 2. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 357 RSUs which vest in one installment on 1/30/2019; 686 RSUs which vest in one installment of 338 on 5/3/2019 and one installment of 348 on 5/3/2020; 984 RSUs which vest in installments of 324 on 5/1/2019, 325 on 5/1/2021; and 335 on 5/1/2021; and 957 RSUs which vest in installments of 315 on 4/27/2020, 316 on 4/27/2021 and 326 on 4/27/2022. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 3. These shares include 94 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.

05/14/2018 /s/ David A. Piacquad

** 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.