

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* BONANNI FABRIZIO (Last) (First) (Middle) ONE AMGEN CENTER DRIVE (Street) THOUSAND OAKS CA 91320-1799 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) EVP, Operations
	3. Date of Earliest Transaction (Month/Day/Year) 04/27/2012	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	04/27/2012		A		8,654 ⁽¹⁾	A	\$0	79,454	D	
Common Stock	04/28/2012		F		1,357	D	\$71.64	78,097	D	
Common Stock	04/29/2012		F		1,357	D	\$71.64	75,097	D	
Common Stock	04/28/2012		G ⁽²⁾	V	1,643	D	\$0	76,454	D	
Common Stock	04/28/2012		G ⁽²⁾	V	1,643	A	\$0	65,557	I	By Family Trust
Common Stock	04/29/2012		G ⁽²⁾	V	1,643	D	\$0	73,454 ⁽³⁾	D	
Common Stock	04/29/2012		G ⁽²⁾	V	1,643	A	\$0	67,200	I	By Family Trust

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

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. Transaction Code (Instr. 8)		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)					

Explanation of Responses:

- The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Equity Incentive Plan and vest in three annual installments of 33%, 33% and 34% on 4/27/2014, 4/27/2015 and 4/27/2016, respectively.
- These shares are being transferred to the reporting person's Family Trust.
- These shares include the following RSUs granted under the Company's equity plans: 3,000 RSUs which fully vest on 4/28/2013; 6,000 RSUs which vest in two equal annual installments of 3,000 each commencing 4/26/2013; 40,000 RSUs which vest fully on 12/31/2013; 15,800 RSUs which vest in two equal installments of 5,214 each on 4/25/2013 and 4/25/2014 and one installment of 5,372 on 4/25/2015; and 8,654 RSUs which vest in three installments of 2,855, 2,856 and 2,943 on 4/27/2014, 4/27/2015 and 4/27/2016, respectively. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

/s/ Fabrizio Bonanni 05/01/2012
 ** 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.