FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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. Name and Address of Reporting Person [*] Jacks Tyler						2. Issuer Name and Ticker or Trading Symbol <u>AMGEN INC</u> [AMGN]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023										er (give title		Other (s below)		
ONE AMGEN CENTER DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) THOUS OAKS	THOUSAND CA 91320-1799			1799									2						
					Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	l - Noi	n-Deriva	tive S	ecui	rities	Acq	uired, I	Disp	posed of	f, or	Bene	eficia	lly Owr	ned			
1. Title of Security (Instr. 3) Date (Month/Date)				y/Year) if any		ution Date,					ies Acquired (A Of (D) (Instr. 3,			5. Amo Securi Benefi Owneo Follow	ties cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A (C	() or ()	Price		ed ction(s) 3 and 4)				
Common Stock 05/19/2					:023			Α		939		A	\$ <mark>0</mark>	i0 14,868 ⁽¹⁾⁽²⁾			D		
		Tab		Derivati (e.g., pu											y Owne	d		· · ·	
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8) Secu Acqu (A) ou Dispo of (D) (Instr and 5			vative rities lired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S (I	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y E (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisa	Pate Expiration Oate Title 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. 2009 Amended and Restated Equity Incentive Plan (the Director 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 1,752 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.

<u>s/ Tyler Jacks</u>	05/23/2023

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** 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.