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The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB Number: 3235-0076

Estimated average burden

hours per response: 4.00

1. Issuer's Identity

CIK (Filer ID Number)	Previous Names	None	Entity Type
0000318154	AMGEN		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Business Trust <input type="checkbox"/> Other (Specify)
Name of Issuer			
AMGEN INC			
Jurisdiction of Incorporation/Organization			
DELAWARE			
Year of Incorporation/Organization			
<input checked="" type="checkbox"/> Over Five Years Ago <input type="checkbox"/> Within Last Five Years (Specify Year) <input type="checkbox"/> Yet to Be Formed			

2. Principal Place of Business and Contact Information

Name of Issuer		Street Address 1		Street Address 2	Phone Number of Issuer
AMGEN INC		One Amgen Center Drive			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer		
Thousand Oaks	CALIFORNIA	91320	(805) 447-1000		

3. Related Persons

Last Name	First Name	Middle Name
Sharer	Kevin	W
Street Address 1	Street Address 2	ZIP/PostalCode
c/o Amgen Inc. - One Amgen Center Drive		
Thousand Oaks	CALIFORNIA	91320
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Bradway	Robert	A
Street Address 1	Street Address 2	ZIP/PostalCode
c/o Amgen Inc. - One Amgen Center Drive		
Thousand Oaks	CALIFORNIA	91320
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Beier	David	W
Street Address 1	Street Address 2	
c/o Amgen Inc. - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Bonanni	Fabrizio	
Street Address 1	Street Address 2	
c/o Amgen Inc. - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Harper	Sean	E.
Street Address 1	Street Address 2	
c/o Amgen Inc. - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Hooper	Anthony	C.
Street Address 1	Street Address 2	
c/o Amgen Inc. - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
McNamee	Brian	M
Street Address 1	Street Address 2	
c/o Amgen Inc. - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Peacock	Jonathan	M
Street Address 1	Street Address 2	
c/o Amgen Inc. - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Richo	Anna	S
Street Address 1	Street Address 2	
c/o Amgen Inc. - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Scott	David	J
Street Address 1	Street Address 2	
c/o Amgen Inc. - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Dittrich	Thomas	
Street Address 1	Street Address 2	
c/o Amgen Inc. - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Baltimore	David	
Street Address 1	Street Address 2	
c/o Amgen Inc - One Amgen Center Drive		
City	State/Province/Country	ZIP/PostalCode
Thousand Oaks	CALIFORNIA	91320
Relationship: Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Biondi, Jr.	Frank	J

Street Address 1**Street Address 2**

c/o Amgen Inc. - One Amgen Center Drive

City**State/Province/Country****ZIP/PostalCode**

Thousand Oaks

CALIFORNIA

91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Coffman

Vance

D

Street Address 1**Street Address 2**

c/o Amgen Inc. - One Amgen Center Drive

City**State/Province/Country****ZIP/PostalCode**

Thousand Oaks

CALIFORNIA

91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

de Carbonnel

Francois

Street Address 1**Street Address 2**

c/o Amgen Inc. - One Amgen Center Drive

City**State/Province/Country****ZIP/PostalCode**

Thousand Oaks

CALIFORNIA

91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Henderson

Rebecca

Street Address 1**Street Address 2**

c/o Amgen Inc. - One Amgen Center Drive

City**State/Province/Country****ZIP/PostalCode**

Thousand Oaks

CALIFORNIA

91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Herringer

Frank

C

Street Address 1**Street Address 2**

c/o Amgen Inc. - One Amgen Center Drive

City**State/Province/Country****ZIP/PostalCode**

Thousand Oaks

CALIFORNIA

91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Omenn

Gilbert

S

Street Address 1**Street Address 2**

c/o Amgen Inc. - One Amgen Center

Drive

City **State/Province/Country** **ZIP/PostalCode**

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name **First Name** **Middle Name**

Pelham Judith C

Street Address 1 **Street Address 2**

c/o Amgen Inc. - One Amgen Center Drive

City **State/Province/Country** **ZIP/PostalCode**

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name **First Name** **Middle Name**

Reason J Paul

Street Address 1 **Street Address 2**

c/o Amgen Inc. - One Amgen Center Drive

City **State/Province/Country** **ZIP/PostalCode**

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name **First Name** **Middle Name**

Schaeffer Leonard D

Street Address 1 **Street Address 2**

c/o Amgen Inc. - One Amgen Center Drive

City **State/Province/Country** **ZIP/PostalCode**

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name **First Name** **Middle Name**

Sugar Ronald D

Street Address 1 **Street Address 2**

c/o Amgen Inc. - One Amgen Center Drive

City **State/Province/Country** **ZIP/PostalCode**

Thousand Oaks CALIFORNIA 91320

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture	Health Care	Retailing
Banking & Financial Services	X Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology

Insurance
Investing
Investment Banking
Pooled Investment Fund
Is the issuer registered as an investment company under the Investment Company Act of 1940?
Yes No
Other Banking & Financial Services
Business Services
Energy
Coal Mining
Electric Utilities
Energy Conservation
Environmental Services
Oil & Gas
Other Energy

Hospitals & Physicians
Pharmaceuticals
Other Health Care
Manufacturing
Real Estate
Commercial
Construction
REITS & Finance
Residential
Other Real Estate

Computers
Telecommunications
Other Technology
Travel
Airlines & Airports
Lodging & Conventions
Tourism & Travel Services
Other Travel
Other

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505
Rule 504 (b)(1)(i)	X Rule 506
Rule 504 (b)(1)(ii)	Securities Act Section 4(5)
Rule 504 (b)(1)(iii)	Investment Company Act Section 3(c)
	Section 3(c)(1) Section 3(c)(9)
	Section 3(c)(2) Section 3(c)(10)
	Section 3(c)(3) Section 3(c)(11)
	Section 3(c)(4) Section 3(c)(12)
	Section 3(c)(5) Section 3(c)(13)
	Section 3(c)(6) Section 3(c)(14)
	Section 3(c)(7)

7. Type of Filing

New Notice Date of First Sale 2011-09-28 First Sale Yet to Occur
X Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	<input checked="" type="checkbox"/> Other (describe)
	Commercial Paper

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$250,000 USD

12. Sales Compensation

Recipient	Recipient CRD Number	None
Goldman, Sachs & Co.	361	
(Associated) Broker or Dealer <input checked="" type="checkbox"/> None	(Associated) Broker or Dealer CRD Number	<input checked="" type="checkbox"/> None
None	None	
Street Address 1	Street Address 2	
200 West Street		
City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10282
State(s) of Solicitation (select all that apply) Check "All States" <input checked="" type="checkbox"/> or check individual States	<input checked="" type="checkbox"/> All States	Foreign/non-US

Recipient	Recipient CRD Number	None
Barclays Capital Inc	19714	
(Associated) Broker or Dealer <input checked="" type="checkbox"/> None	(Associated) Broker or Dealer CRD Number	<input checked="" type="checkbox"/> None
None	None	
Street Address 1	Street Address 2	
745 7th Avenue		
City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10019
State(s) of Solicitation (select all that apply) Check "All States" <input checked="" type="checkbox"/> or check individual States	<input checked="" type="checkbox"/> All States	Foreign/non-US

Recipient	Recipient CRD Number	None
Citigroup Global Markets Inc.	7059	
(Associated) Broker or Dealer <input checked="" type="checkbox"/> None	(Associated) Broker or Dealer CRD Number	<input checked="" type="checkbox"/> None
None	None	
Street Address 1	Street Address 2	

388 Greenwich Street

City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10013
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	<input checked="" type="checkbox"/> All States Foreign/non-US	

Recipient	Recipient CRD Number	None
Banc of America Securities LLC	26091	
(Associated) Broker or Dealer	(Associated) Broker or Dealer CRD Number	<input checked="" type="checkbox"/> None
<input checked="" type="checkbox"/> None	None	

Street Address 1

Street Address 2

One Bryant Park

City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10036
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	<input checked="" type="checkbox"/> All States Foreign/non-US	

Recipient	Recipient CRD Number	None
Morgan Stanley & Co. Incorporated	8209	
(Associated) Broker or Dealer	(Associated) Broker or Dealer CRD Number	<input checked="" type="checkbox"/> None
<input checked="" type="checkbox"/> None	None	

Street Address 1

Street Address 2

1585 Broadway

City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10036
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	<input checked="" type="checkbox"/> All States Foreign/non-US	

Recipient	Recipient CRD Number	None
Deutsche Bank Securities Inc.	2525	
(Associated) Broker or Dealer	(Associated) Broker or Dealer CRD Number	<input checked="" type="checkbox"/> None
<input checked="" type="checkbox"/> None	None	

Street Address 1

Street Address 2

60 Wall Street

City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10005
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	<input checked="" type="checkbox"/> All States Foreign/non-US	

13. Offering and Sales Amounts

Total Offering Amount	\$2,500,000,000 USD	or	Indefinite
Total Amount Sold	\$0 USD		
Total Remaining to be Sold	\$2,500,000,000 USD	or	Indefinite

Clarification of Response (if Necessary):

This is a continuous commercial paper program. The total amount offered represents the maximum authorized amount. As of the date of this filing, no amounts are outstanding under this program.

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$750,000 USD X Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

Annualized estimate based on the total offering amount of the program.

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
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Issuer	Signature	Name of Signer	Title	Date
AMGEN INC	/s/ David J.Scott	David J.Scott	Senior Vice President, General Counsel and Secretary	2012-02-29

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.
