FORM 4

UNITED STATES SECU

Washington, D.C. 20549

KH	IES	AND	EXCI	IANGE	COMIN	IISSION

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* Busch Matthew C.				2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]							5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Own Officer (give title Other (spe					vner			
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 11/05/2024 Uniter (give title below) VP, Finance & CAO														
(Street) THOUS. OAKS (City)	CA		21320 Zip)		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)							
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	l, Dis	posed of	, or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3)				4 and Secu		rities For efficially (D ed Following (I)		5. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D) Price		e	Tropposition/				(111501. 4)
Common Stock 11/05/20					024				F		189	D	\$3	16.91	4,7	70(1)(2)		D	
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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Numb of Share:						

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Amgen Inc. Second Amended and Restated 2009 Equity Incentive Plan (the Equity Plan): 43 RSUs which will vest on 4/30/2025; 509 RSUs which will vest in installments of 71 on 5/2/2025, and 73 on 5/2/2026; 296 RSUs which will vest in installments of 97 on 5/2/2025, 98 on 5/2/2026 and 101 on 5/2/2027; and 333 RSUs which will vest in installments of 109 on 5/7/2026, 110 on 5/7/2027, and 114 on 5/7/2028. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis
- 2. These shares include 90 Dividend Equivalents (DEs) granted pursuant to the Company's Equity 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 share amount.

/s/ Matthew C. Busch

11/05/2024

** 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.