FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Name and Address of Reporting Person* Meline David W					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								
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-	·										X	belov	er (give title		her (sp low)	эеспу						
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)									·							
ONE AMGEN CENTER DRIVE					08/	08/01/2018									EVP & CFO							
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
THOUS	VNID				" "		,		· · · · · ·		. (.,,	,		Line)							
	TIND CA	A 9	91320-17	'99									X Form filed by One Reporting Person									
OAKS																Form	n filed by Mor	e than One	Reporti	ting		
															Person							
(City)	(St	ate) (Zip)																			
		Tabl	le I - No	n-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, o	r Ben	eficia	ally (Owne	ed					
Date				Date	ate E Month/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		ties Acquired (A) l Of (D) (Instr. 3, 4			4 and 5) Secu Bend Own		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ct of ect Be	7. Nature of Indirect Beneficial Ownership			
						Code			v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			("	(Instr. 4)			
Common Stock					08/01/2018						7,382		D	\$196.55		<u> </u>		D	\top			
		Та									osed of, onvertib				y Ov	ned						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month									6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3	8. Price Deriva Securi (Instr. !		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	hip of B D) O ect (li	11. Nature of Indirect Beneficial Ownership Instr. 4)		
					Code		(A)		Date Evercisable		Expiration	Title	or Nu of	mber								

Explanation of Responses:

- 1. These shares include the following Restricted Stock Unites (RSUs) granted under the Company's equity plans: 1,340 RSUs which vest in one installment on 1/30/2019; 3,000 RSUs which vest in installments of 1,477 on 5/3/2019 and 1,523 on 5/3/2020; 4,305 RSUs which vest in installments of 1,420 on 5/1/2019, 1,421 on 5/1/2020 and 1,464 on 5/1/2021; and 4,508 RSUs which vest in installments of 1,487 on 4/27/2020, 1,488 on 4/27/2021 and 1,533 on 4/27/2022. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 488 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 persons' 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.

Andrea A. Robinson, Attorneyin-Fact for Mr. Meline 08/02/2018

** 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.