FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB API	PROVAL
l	OMB Number:	3235-028

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

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

Name and Address of Reporting Person* Bradway Robert A					2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Diauwa	<u>y Robert</u>	Λ												Direc	ctor	10%	Owner		
(Last) (First) (Middle)				3 D	2. Date of Favliget Transaction (Month/Day/Veer)							\dashv	X Office below		er (give title v)	Othe below	r (specify v)		
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/17/2008								Executive V.P. and CFO					
ONE AMGEN CENTER DRIVE			1077	0//1//2000									Executive v.r. and Gr G						
,																			
(Silect)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)														
THOUS!	AND CA	Α 9	91320-17	99											X	Form	n filed by One	e Reporting Per	rson
														Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)														011		
		Tabl	le I - Nor	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	eficia	ally (Owne	ed		
1. Title of S	ecurity (Inst	r. 3)		2. Trans	action	tion 2A. Deemed 3. 4. Securities Acquired (A							ount of	6. Ownership	7. Nature				
		,		Date	Day/Vos	Execution Date,			Transaction Disposed C		Of (E	D) (Instr.	3, 4 aı				Form: Direct (D) or Indirect	of Indirect Beneficial	
(Month/Da				Dayriea	y/Year) if any (Month/Day/Year)		Code (Instr. 5) 8)				Benefi Owner			(I) (Instr. 4)	Ownership				
					[`			 		(4)			Repor				(Instr. 4)		
								Code	v	Amount		(A) or (D)	Price			action(s) 3 and 4)			
Common Stock ⁽¹⁾ 07/17/					7/2008	/2008		F		1,340 D S		\$52	2.64 24,685		D				
		Ta	shla II - F) Orivot	ivo C		rition	Λοαιιί	rod D	iono	sed of,	0r E	Donofi	المنما	· · ·	vin o d			
		16									onvertib				y Ov	viieu			
1. Title of	2.	3. Transaction	3A. Deem		4.				6. Date Exercisable an			7. Title and			8. Price of		9. Number o		11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da	Date,	Date, Transacti Code (Ins				Expiratio (Month/D		Amount of Securities			Derivative Security		derivative Securities	Ownership Form:	of Indirect Beneficial	
				ay/Year)			Securities		(` Unde			Jnderlying		(Insti		Beneficially	Direct (D)	Ownership
					Acquired (A) or				Derivative Security (Instr.			ctr 2	,		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
	Security							Disposed					and 4)				Reported	(1) (111511. 4)	
				- 1			of (D)										Transaction(s)	(s)	
				- 1		(Instr. 3, 4 and 5)											(Instr. 4)		
				ŀ		- 					Amount		ount						
									or	Juni									
				Date			Expiration		Numb of										
					Code	v	(A)		Exercisal		Date	Title		ires					

Explanation of Responses:

1. Includes 19,500 Restricted Stock Units (RSUs) which were granted pursuant to the Company's Amended and Restated 1991 Equity Incentive Plan as follows: 7,500 RSU's are exercisable in 2 equal annual installments of 50% each beginning 7/17/2009; and 12,000 RSU's are exercisable in 4 equal installments of 25% each commencing on April 29, 2009. Vested RSU's will be paid in shares of the Company's common stock on a one-to-one basis unless payment is otherwise deferred by the executive officer.

/s/ Robert A. Bradway

07/18/2008

** 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.