FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ZI I	IEO.	AIN	J C /	CL	1AI	IGE	$\mathcal{C}_{\mathcal{C}}$) IVI IVI	10	יוכ
141-			00546							

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Check this box if no longer subject to

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 36	ee Instruction	10.																	
Name and Address of Reporting Person* HOLLEY CHARLES M						2. Issuer Name and Ticker or Trading Symbol <u>AMGEN INC</u> [AMGN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 11/04/2024									✓ Director Officer (give title below)			10% O Other (below)	specify		
(Street) THOUSA OAKS	THOUSAND CA 91320			4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)																
		Table	I - No	on-Deriva	tive \$	Secui	rities	Acc	quired	l, Dis	sposed of	, or B	enefic	ially Ov	ned				
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				Execution Date,				s Acquired (A) or f (D) (Instr. 3, 4 ar		nd Secur Benef Follow	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) o	r Price	//	3 and 4)			(
Common Stock 11/04/20)24				A		268.215	A	\$(10,1	10,114.0229(1)(2)		D		
Common Stock														1,260			Holley Family Trust		
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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Expira (Monti	tion D			nt of ities lying ative ity (Instr.	8. Price of Derivative Security (Instr. 5)	e derivative Securities Beneficia Owned Following Reported	Following Reported Transaction(s)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

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. Second Amended and Restated 2009 Equity Incentive 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 1,052 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

/s/ Charles M. Holley 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.