FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGE	S IN BENEFICIA	L OWNERSHIP

l	OMB APPRO	VAL
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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. Name and Address of Reporting Person* Patton Cynthia M						2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]											all app Dired		ng Per	10% C	wner
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/07/2017										X	Officer (give title below) SVP 8		& C(below)	(specify
(Street) THOUSA OAKS (City)	C)1320-179 Zip)	99	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivi ine) X	Forn Forn	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ay/Year) E		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and S		5. Amount of Securities Beneficially Owned Following Reported		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount		A) or D)	Price	, l	Transa	saction(s) r. 3 and 4)			(mour 4)
Common	Stock			03/07	7/2017	/2017				A		5,003	5,003 A		\$	0	25,424 ⁽¹⁾⁽²⁾			D	
Common Stock															246.5699(3)			I	401(k) Plan		
	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)	titve Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year) 8			4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ive (ies ed	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares			nt er				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 372 RSUs which vest on 1/31/2018; 616 shares which vest in one installment of 303 on 1/30/2018 and one installment of 313 on 1/30/2019; and 1,023 RSUs which vest in one installment of 337 on 5/3/2018, one installment of 338 on 5/3/2019 and one installment of 348 on 5/3/2020. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 74 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 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.
- 3. These are shares acquired under the Company's 401(k) Plan and represent interests in the Company's stock fund as of this filing.

/s/ Cynthia M. Patton 03/08/2017

** 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.