FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

Washington,	D.C.	20549
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STATEMENT	OF CHANGES	S IN BENEFICI	AL OWNERSHI	P

	OMB APPROVAL							
	OMB Number:	3235-0287						
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l	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

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Bradway Robert A													(X	Direc	,	10	% Owner		
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/30/2015									X	belov	er (give title w) nirman, CE	be	her (specify low) sident	
(Street) THOUSA OAKS (City)	C.		91320-17 Zip)	99	4. If Amendment, Date of Original Filed (Month/Day/Year)							Indivine)								
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed			
Date					azy/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed (Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			4 and Se Be Ov		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D) Price		Reported Transaction (Instr. 3 and		ction(s)		(11150.4)	
Common Stock					01/30/2015				A		13,398	398 ⁽¹⁾ A		\$	196,641 ⁽²⁾⁽³⁾		D			
		Та							,		sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	n Date, Transacti Code (Ins					6. Date Exercisable a Expiration Date (Month/Day/Year)		e	Amount of Securities Underlying Derivative Security (Instr. and 4)					e derivative	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)	t
					Code		(A) (D)		Date Exercisable		Expiration Date	Title	or Nun of							

Explanation of Responses:

- 1. The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Amended ad Restated Equity Incentive Plan and vest in three annual installments of 33%, 33% and 34% on 1/30/2017, 1/30/2018 and 1/30/2019, respectively.
- 2. These shares include the following RSUs granted under the Company's equity plans: 7,140 RSUs which vest in one installment on 4/25/2015; 14,029 RSUs which vest in two installments of 6,910 and 7,119 on 4/27/2015 and 4/27/2016, respectively; 12,525 RSUs which vest in two installments of 6,169 and 6,356 on 1/28/2016 and 1/28/2017, respectively; 15,132 RSUs which vest in three installments of 4,993, 4,994 and 5,145 on 1/31/2017 and 1/31/2017 and 1/31/2018, respectively; and 13,398 shares which vest in two equal installments of 4,421 on 1/30/2017 and 1/30/2018 and one installment of 4,556 on 1/30/2019. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 3. These shares include 1,458 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.

/s/ Andrea A. Robinson, Attorney-in-Fact for Mr.

02/03/2015

Bradway

** 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.