Edgar Filing: AMGEN INC - Form 4

AN COUNT INC

Common

Stock

03/24/2017

Form 4	,					
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue	FORM 4Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See InstructionSTATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940					
(Print or Type Resp 1. Name and Addr Such Annette I	ress of Reporting Person <u>*</u>	2. Issuer Name and Ticker or Trading 5. Relations Symbol Issuer AMGEN INC [AMGN]		of Reporting Person(s) to		
(Last) ONE AMGEN	(First) (Middle) CENTER DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 03/24/2017	(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) VP, Finance and CAO			
THOUSAND OAKS, CA 912	(Street) 320-1799	4. If Amendment, Date Original Filed(Month/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State) (Zip)	Table I - Non-Derivative Securities Ac	equired, Disposed of,	or Beneficiall	y Owned	
	any	ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) or Code V Amount (D) Price	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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166.04

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

533

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Such Annette Louise ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799				VP, Finance and CAO			
Signatures							
/s/ Annette L. Such	03/27/2017						

**Signature of Reporting Person Date

Explanation of Responses:

- 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).

These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 104 RSUs which vest on 4/26/2017; 195 RSUs which vest in one installment of 96 on 4/25/2017 and one installment of 99 on 4/25/2018; 1,991 RSUs which vest in two equal installments of 657 on 8/1/2016 and 8/1/2017 and one installment of 677 on 8/1/2018; 285 RSUs which vest in two equal

(1) installments of 94 on 4/24/2017 and 4/24/2018 and one installment of 97 on 4/24/2019; and 1,191 RSUs which vest in two equal installments of 393 on 4/24/2017 and 4/24/2018 and one installment of 405 on 4/24/2019. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

These shares include 194 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 2009 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

(2)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 amount.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.