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AMGEN INC	2									
Form 4	-									
May 05, 2016									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	Filed purs Section 17(a	ENT OF CHA	ANGES IN SECUR n 16(a) of th Utility Hole	BENEFI ATTIES e Securiti ling Com	CIA ies Ez ipany	xchang Act c	VNERSHIP OF ge Act of 1934, of 1935 or Sectio 40	Expires: Estimated a burden hou response	irs per	
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> COFFMAN VANCE D			2. Issuer Name and Ticker or Trading Symbol AMGEN INC [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) 05/03/2016				Officer (give title 0ther (specify below)			
THOUSANI			mendment, Da Month/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by M Form filed by M Person	-	erson	
OAKS, CA 9										
(City)	(State) (A	Zip) T	able I - Non-E	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code ar) (Instr. 8)	4. Securi onAcquirec Disposec (Instr. 3,	l (A) of l of (D 4 and (A) or))	5. Amount of Securities 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)	
Common Stock	05/03/2016		А	1,279 (1)	A	\$0	43,041 <u>(2)</u>	D		

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

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 control number.

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

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

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt 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			Relationsh		
	reporting o miler raine / rauress		10% Owner	Officer	Other
COFFMAN VANCE ONE AMGEN CEN THOUSAND OAKS	Х				
Signatures					
/s/ Vance D. Coffman	05/04/2016	5			
<u>**</u> 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).

(1) The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Director Incentive Program, as amended, under the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan (the Director Program) 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.

These shares include 695 Dividend Equivalents (DEs) granted pursuant to the Director Program and subject to a qualifying dividend

(2) 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.

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.