## Edgar Filing: REESE DAVID M - Form 4

REESE DA	VID M										
Form 4	10										
May 03, 2019 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549									OMB APPROVAL OMB 3235-0287		
Check this box January											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> REESE DAVID M			2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [AMGN]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	(Middle)	3. Date of Earliest Transaction (Che				(Check	k all applicable)			
				/onth/Day/Year) 5/01/2019				Director 10% Owner _X Officer (give title Other (specify elow) below) EVP, Research and Development			
				Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
THOUSAN	ND OAKS						:	Form filed by Mo Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	ole I - Non	-Derivativ	e Seci	ırities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date,		Date, if	Code (Instr. 3, 4 and 5) ar) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	OwnershipIndForm:BerDirect (D)Ownership	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/01/2019			Code V F	Amount 163	or (D) D	Price \$ 179.3232	(Instr. 3 and 4) 32,859	D		
Common Stock	05/01/2019			F	851	D	\$ 179.3232	<u>31,738 (1) (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.

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 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)	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	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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							
reporting o when runne / runness	Director	10% Owner	Officer	Other				
REESE DAVID M ONE AMGEN CENTER DRIVE THOUSAND OAKS			EVP, Research and Development					
Signatures								
/s/ David M								

/s/ David M. 05/01/2019 Reese

<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).

These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 686 RSUs which vest in installments of 338 on 5/3/2019 and 348 on 5/3/2020; 3,297 RSUs which vest in installments of 1,624 on 5/1/2020 and 1,673 on

(1) 5/1/2021; 660 RSUs which vest in installments of 325 on 5/1/2020 and 335 on 5/1/2021; 1,014 RSUs which vest in installments of 334 on 4/27/2020, 335 on 4/27/2021 and 345 on 4/27/2022; and 12,830 RSUs which vest in installments of 4,233 on 11/2/2020 4,234 on 11/2/2021 and 4,363 on 11/2/2022. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

These shares include 507 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 2009 Equity Incentive

(2) Plan and subject to a qualifying dividend reinvestment plan. DEs are credited to 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.

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.