AMGEN INC Form 3 December 13, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed 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 Responses)

1. Name and Add Person <u>*</u> Johnston L	-	orting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]					
(Last)	(First)	(Middle)	12/09/2016	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
ONE AMGE	N CENTE	R DRIVE							
(Street)				(Check all applicable)			6. Individual or Joint/Group		
THOUSAND OAKS, CA		.799		.e			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-Derivat	tive Securiti	es Be	neficially Owned		
1.Title of Securit (Instr. 4)	у		2. Amount of Beneficially (Instr. 4)	of Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1		
Common Stor	ck		8,528		D	Â			
Reminder: Repor owned directly or	-	ate line for ea	ch class of securities benefic	cially S	EC 1473 (7-02)			
	inform require	ation conta	oond to the collection o ined in this form are no nd unless the form disp //B control number.	t					
Та	ble II - Deri	ivative Secur	ities Beneficially Owned (e.g., puts, calls,	, warrants, opt	ions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
					Price of Derivative		
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owne	Relationships						
	Director	10% Owner	Officer	Other			
Johnston Lori A ONE AMGEN CEN THOUSAND OAKS	Â	Â	SVP, HR	Â			
Signatures							
/s/ Lori A. Johnston	12/12/2016						
**Signature of Reporting Person	Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.