## Edgar Filing: AMGEN INC - Form 4

AMGEN INC Form 4	2											
May 03, 2017	7											
FORM A									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
if no longe subject to Section 16 Form 4 or Form 5	SECUR	GES IN BENEFICIAL OWNERSHIP OF SECURITIES				Expires:January 31 200Estimated average burden hours per response0.						
obligation may contin <i>See</i> Instruct 1(b).	s Section 17(a)	uant to Section 1 ) of the Public U 30(h) of the In	tility Hold	ling Com	pany	Act o	of 1935 or Section	on				
(Print or Type R	esponses)											
1. Name and Ac BALTIMOR	er Name <b>and</b> Ticker or Trading N INC [AMGN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Month/			Date of Earliest Transaction Month/Day/Year) 5/01/2017				X Director Officer (give below)	10%	o Owner er (specify			
THOUSANI	endment, Date Original nth/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							
OAKS, CA 9	91320-1799						Person					
(City)	(State) (Z	Zip) Tab	le I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi onAcquirec Disposed (Instr. 3, Amount	l (A) c l of (D	)	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	05/01/2017		А	1,230 (1)	A	\$0	34,859	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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	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						
1	Director	10% Owner	Officer	Other			
BALTIMORE DAVID ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799	Х						
Signatures							
/s/ Andrea Robinson, Attorney-in-Fact Baltimore	for Dr.	05/03/2017					
<u>**</u> Signature of Reporting Person			Date				
- I I' (B							

## **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).

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 and vested immediately. Vested RSUs are paid in shares of the

(1) Angen nic. 2009 Aniended and Restated Equity incentive Fran and vested ininediately. Vested RSOs 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.

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.