Edgar Filing: AMGEN INC - Form 4

AMGEN INC	2											
Form 4												
October 31, 2	014											
FORM	Л										PPROVAL	
	UNITE	D STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check this				U						Expires:	January 31	
if no longe subject to	STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP							NERSHIP OF	Estimated average 200		
Section 16	.	SECURITIES							burden hours per			
Form 4 or									response 0.			
Form 5 obligation									ge Act of 1934,			
may contin				•		•	- ·		f 1935 or Sectio	n		
See Instruc	ction	30(h)	of the Inv	vestmer	nt C	Company	y Act	of 19	40			
1(b).												
(Print or Type R	esponses)											
51	I they											
Williams R Sanders Symbol				Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
				Day/Year)					X Director 10% Owner			
				0/30/2014					Officer (give titleOther (specify below)			
(Street) 4. If Amer			endment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mont				nth/Day/Year)					Applicable Line)			
THOUSANI	O OAKS, CA	91320							_X_ Form filed by 0 Form filed by M Person	One Reporting Pe More than One Re		
(City)	(State)	(Zip)	T 11	T NT	D	• • • •				e n e · ·		
	. ,	-			-De			ties Ac	quired, Disposed o		-	
1.Title of Security	2. Transaction I (Month/Day/Ye	med 3. 4. Securities on Date, if TransactionAcquired (A) or					or	5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(11201111,224),12		Code Disposed of (D)					(D) or	Beneficial			
		Day/Year)	(Instr. 8				5)	Owned	Indirect (I)	Ownership		
									Following Reported	(Instr. 4)	(Instr. 4)	
							(A)		Transaction(s)			
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					v							
Stock	10/30/2014			А		309 <u>(1)</u>	А	\$0	309	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)	4. Transacti Code (Instr. 8)	of	Expiration D (Month/Day, ve es d	Expiration Date (Month/Day/Year)		of	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Expiration Date	or Nu of	umber		

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips				
	Director	10% Owner	Officer	Other			
Williams R Sanders ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320	Х						
Signatures							
/s/ Andrea A. Robinson, Attorney- Williams	or Dr.		10/31/2014				
**Signature of Reporting P			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).

The Restricted Stock Units (RSUs) were granted pursuant to the Amgen Inc. 2009 Director Incentive Program, as amended, under the Amgen Inc. Amended and Restated 2009 Equity Incentive Plan and vested immediately. Vested RSUs are paid in shares of the

(1) Amgen me. Amended and Restated 2009 Equity meentive r fair and vested miniculately. 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.