Edgar Filing: AMGEN INC - Form 4

AMCENING

Common

03/24/2017

Form 4									
March 28, 24 FORN Check th	14 _{UNITE}	D STATES	OMB Number:	PROVAL 3235-0287 January 31,					
if no long subject to Section 1 Form 4 c	6. STATI	EMENT O	Expires: Estimated a burden hou response	2005 average					
Form 5 obligatio may com <i>See</i> Instr 1(b).	tinue. Section 1	7(a) of the	Public U	16(a) of the Securiti Jtility Holding Com nvestment Company	pany Act of 1	935 or Section			
(Print or Type]	Responses)								
HOOPER ANTHONY C Sy			Symbol	er Name and Ticker or T	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) 03/24/2017			Director 10% Owner X Officer (give title Other (specify below) below) EVP, Global Commercial Ops.			
Fil			4. If Amendment, Date Original Filed(Month/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 			
THOUSAN OAKS, CA	D 91320-1799					Person		1 0	
(City)	(State)	(Zip)	Tab	ole I - Non-Derivative S	Securities Acqui	red, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Day (Month/Day/Yea	r) Execution any		3. 4. Securitie Transactionor Dispose Code (Instr. 3, 4 (Instr. 8)		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)	

12,128 D 166.04 (2) Stock

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

F

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

198,482 (1)

D

Price

\$

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Code V Amount (D)

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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. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HOOPER ANTHONY C							
ONE AMGEN CENTER DRIVE			EVP, Global Commercial Ops.				
THOUSAND OAKS, CA 91320-1799							
Signatures							
/s/ Andrea A. Robinson, Attorney-in-Fa Hooper	act for Mr		03/28/2017				
<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: 1,715 RSUs which vest on 1/31/2018; 3,080 RSUs which vest in two installments of 1,517 and 1,563 on 1/30/2018 and 1/30/2019, respectively; and 5,116 RSUs which vest in two equal installments of 1 688 on 5/3/2018 and 5/3/2019 and one installment of 1 740 on 5/3/2020. Vested RSUs will be

These shares include 426 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited on the reporting person's unvested RSUs and are paid out in shares of the Company's company's company tests on a one to one basis according to the vesting schedule, clong with a cash permanent for any

(2) 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.

(2)