Edgar Filing: REESE DAVID M - Form 4

| REESE DAV | VID M | | | | | | | | | | | |
|--------------------------------|----------------------|-------------------------|-----------|--|------------|-------|--------------|---|----------------------------|-----------------|--|--|
| Form 4 | | | | | | | | | | | | |
| March 25, 20 | 019 | | | | | | | | | | | |
| FORM | 14 | | | | | | | | OMB AP | PROVAL | | |
| | UNITED | STATES | | RITIES A shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | | |
| Check this box if no longer | | | | | | | | | Expires: | January 31, | | |
| subject to | | IENT OF | F CHAN | GES IN BENEFICIAL OWNE | | | | ERSHIP OF | Estimated a | 2005 average | | |
| Section 16. | | | | SECURITIES | | | | | burden hours per | | | |
| Form 4 o Form 5 | | | | () $()$ | с · | · - | | A (C1024 | response | 0.5 | | |
| obligatio | m o * | | | | | | • | Act of 1934, | | | | |
| may cont | unue. | | | ivestment | • | · · | | 1935 or Section | l | | | |
| See Instruction 1(b). | uction | 50(II) | | ivestillent | Compan | ly AC | |) | | | | |
| 1(0). | | | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Address of Reporting | Person [*] | 2. Issue | r Name and | Ticker or | Tradi | 0 | 5. Relationship of Reporting Person(s) to | | | | |
| REESE DA | VID M | | Symbol | | | | | Issuer | | | | |
| AMGE | | | | EN INC [AMGN] | | | | (Check all applicable) | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | Director | itle 10% Owner | | | |
| | | | | | | | | | | | | |
| | | | | | | | | EVP, Resear | ch and Develo | pment | | |
| (Street) 4. If Am | | | 4. If Ame | nendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| Filed(Mon | | | | Ionth/Day/Year) | | | | Applicable Line) | | | | |
| THOUGHN | | | | | | | | _X_ Form filed by O Form filed by M | | | | |
| THOUSAN | DOAKS | | | | | | | Person | ore than one req | Jorning | | |
| (City) | (State) | (Zip) | Tab | le I - Non-D | erivative | Secur | ities Acqu | iired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of | 2. Transaction Date | | | 3. | 4. Securit | | | 5. Amount of | 6. | 7. Nature of | | |
| Security | (Month/Day/Year) | | | | n(A) or Di | | | Securities | Ownership | Indirect | | |
| (Instr. 3) | | any (Month/Day/Year) | | Code (Instr. 3, 4 and 5) (Instr. 8) | | | 5) | Beneficially Owned | Form: Direct I (D) or 0 | Ownership | | |
| | | (11101111)2 | uj, 10ul) | (11547-0) | | | | Following | Indirect (I) | (Instr. 4) | | |
| | | | | | | (A) | | Reported | (Instr. 4) | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | | |
| C | | | | Code V | Amount | (D) | Price | (instr. 5 and 4) | | | | |
| Common Stock | 03/22/2019 | | | F | 1,769 | D | \$ 191.89 | 32,752 <u>(1)</u> <u>(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.

 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D (Month/Day/ e | ate Exercisable and ration Date nth/Day/Year) | | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno 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 | | | | | | | |
|--|----------|---------------|-------------------------------|-------|--|--|--|--|--|
| I B B B B B B B B B B B B B B B B B B B | Director | 10% Owner | Officer | Other | | | | | |
| REESE DAVID M ONE AMGEN CENTER DRIVE THOUSAND OAKS | 2 | | EVP, Research and Development | | | | | | |
| Signatures | | | | | | | | | |
| Andrea A. Robinson, Attorney-in-Fact for Dr. Reese | | | 03/25/2019 | | | | | | |
| <u>**</u> Signature of Reporting Per | son | | 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; 4,920 RSUs which vest in installments of 1,623 on 5/1/2019, 1,624 on 5/1/2020 and 1,673 on 5/1/2021; 984 RSUs which vest in installments of 324 on 5/1/2019, 325 on 5/1/2020 and 335 on 5/1/2021; 1,014 RSUs

(1) 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 617 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 2009 Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited to the reporting person's unvested RSUs and are paid out in

(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.