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AMGEN INC										
Form 4										
December 12, 20	11									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
Washington, D.C. 20549							N OMB Number:	3235-0287		
Check this box if no longer						Expires:	January 31,			
subject to Section 16. Form 4 or	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated burden hou response	urs per				
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(a) of the I	Public U	Itility Hol	lding Coi		nge Act of 1934, of 1935 or Sectio 940	on		
(Print or Type Respondence)	nses)									
1. Name and Address of Reporting Person <u>*</u> REASON J PAUL			2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction				eck all applicabl	k an applicable)		
ONE AMGEN CENTER DRIVE			(Month/Day/Year) 12/08/2011			X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street) THOUSAND			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 Person 				
OAKS, CA 9132	20-1799									
(City) ((State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	ansaction Date hth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Damindar: Daport on	a caparata lina	for each al	nee of see	urities bene	ficially ow	ned directly	or indirectly			
Reminder: Report on					Perso inforr requi	ons who res nation cont red to resp ays a curre	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tabl					posed of, or	Beneficially Owned	1		

1. Title of 2. 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amount of Expiration Date Underlying Securities Derivative (Month/Day/Year) Execution Date, if TransactionDerivative Conversion (Month/Day/Year) Security or Exercise Code Securities (Instr. 3 and 4) any

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Dividend Equivalent	<u>(1)</u>	12/08/2011		А	29.2282		(1)	(1)	Common Stock	29.2282

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
REASON J PAUL ONE AMGEN CENTER D THOUSAND OAKS, CA 9	X							
Signatures								
/s/ J. Paul Reason	12/09/2011							
<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).

The Dividend Equivalents were granted pursuant to the Amgen Inc. 2009 Director Equity Incentive Program under the Amgen Inc. 2009 Equity Incentive Plan. The Dividend Equivalents are credited and deemed reinvested in the director's account in lieu of a cash dividend

payment on the director's vested but deferred Restricted Stock Units. Dividend Equivalents will be paid in whole shares of the Company's common stock on a one-to-one basis on the director's elected deferral date, 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.