#### Edgar Filing: AMGEN INC - Form 4

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Form 4											
May 14, 200									OMB AF	PROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287		
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Michael A Kelly			2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [AMGN]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N		3. Date of Earliest Transaction					(Check all applicable)			
			Month/Day/Year) 5/12/2008					Director 10% Owner Officer (give title Other (specify below) VP Finance & CAO			
				Amendment, Date Original (Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)		(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	d Date, if	3. Transactio Code	4. Securit n(A) or Di (Instr. 3,	ies Ad sposed 4 and (A) or	cquired d 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	
Common Stock	05/12/2008			F	2,457	D	\$ 41.86	18,666	D		
Common Stock								50	I	Michael & Bonnie Kelly Family Trust	

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

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. 6. Date Exercisable and Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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							
		Director	10% Owner	Officer	Other				
Michael A Kelly ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799				VP Finance & CAO					
Signatures									
/s/ Michael A. Kelly 05	/13/2008								

<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).

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.