## Edgar Filing: BEIER DAVID W - Form 4

BEIER DAV Form 4	/ID W										
March 04, 20	011										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549									3235-0287		
Check this box if no longer							Expires:	January 31,			
subject to	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated	0		
	Form 4 or							burden hou response	•		
Form 5	Filed purs	uant to	Section 16	6(a) of the	Securiti	es Exchang	ge Act of 1934,				
obligation may cont <i>See</i> Instru 1(b).	tinue. Section 17(a			•	•	pany Act of Act of 19	of 1935 or Section 40	n			
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> BEIER DAVID W			2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [AMGN]			5. Relationship of Reporting Person(s) to Issuer					
~ .				_	_		(Chec	k all applicabl	e)		
(Last)	(First) (M	iddle)		Earliest Tra	ansaction		Director	100	/ Owner		
ONE AMG	(Month/Day/Year) 03/02/2011				X Officer (give title Other (specify						
			00702720				below) SVP Global	below) l Govt & Corp	Affairs		
(Street)			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										
THOUSAN	D						Form filed by M				
	91320-1799						Person				
(City)		Zip)	Table	e I - Non-Do	erivative S	ecurities Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executi any	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

Common Stock 03/02/2011

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

А

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.

D

44,536 (1)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Code V Amount (D) Price

Α

8,395

\$0

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	Date Exercisable and biration Date onth/Day/Year)		le and int of rlying ities . 3 and 4)	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		
BEIER DAVID W ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799			SVP Global Govt & Corp Affairs			
Signatures						
/s/ Andrea A. Robinson, Attorney-in-Fa Beier	act for Mr		03/04/2011			
**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: 5,700 RSUs which vest in two equal annual installments of 2,850 each commencing 4/29/2011; 4,275 RSUs which vest in three equal annual installments of 1,425

(1) two equal annual installments of 2,350 each commencing 4/25/2011, 4,275 K505 which vest in three equal annual installments of 1,450 each commencing 4/26/2011. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

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.