**AMGEN INC** Form 4 April 20, 2006

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

#### **OMB APPROVAL**

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response... 0.5

(Print or Type Responses)

1(b).

(Last)

(City)

1. Name and Address of Reporting Person \* JOHNSON FRANKLIN P JR

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

AMGEN INC [AMGN]

3. Date of Earliest Transaction (Month/Day/Year)

ONE AMGEN CENTER DRIVE 04/19/2006

(Zin)

(Middle)

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

\_X\_\_ Director 10% Owner Other (specify Officer (give title below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

#### **THOUSAND** OAKS, CA 91320-1799

	(City)	(State)	Tabl	e I - Non	ı-D	erivative	Secur	ities Ac	quired, Disposed	l of, or Benefic	ially Owned
1.	Title of	2. Transaction Date	2A. Deemed	3.		4. Securities			5. Amount of	6.	7. Nature of
Se	ecurity	(Month/Day/Year)	Execution Date, if	TransactionAcquired (A) or			r	Securities	Ownership	Indirect	
(I	nstr. 3)		any	Code	· · · · · · · · · · · · · · · · ·		)	Beneficially	Form: Direct	Beneficial	
			(Month/Day/Year)	(Instr. 8	3)	(Instr. 3, 4 and 5)		Owned	(D) or	Ownership	
									Following	Indirect (I)	(Instr. 4)
							(4)		Reported	(Instr. 4)	
							(A)		Transaction(s)		
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock				Couc	•	7 IIII O GIII	(D)	11100	350,000	I	By Partnership
	ommon tock	01/19/2006		G	V	1,410	D	\$0	1,633,288	I	Revocable Trust

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

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.

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

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title a		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date		Amount of	Derivative	Deriv	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyi	ng	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities	(Instr. 5)	Bene	
	Derivative				Securities			(Instr. 3 and 4)	and 4)		Own
	Security				Acquired	Acquired					Follo
					(A) or						Repo
					Disposed	oosed					Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								A <sub>1</sub>	mount		
								or			
						Date Exercisable	Expiration Date	Title Numb			
				Code V	(A) (D)			Sh	nares		

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

JOHNSON FRANKLIN P JR
ONE AMGEN CENTER DRIVE
THOUSAND OAKS, CA 91320-1799

### **Signatures**

/s/ N. Cris Prince, Attorney-IN-Fact 04/20/2006

\*\*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.

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