Edgar Filing: AMGEN INC - Form 4

AN ACTINI AND

| Form 4 | <u> </u> | | | | | | | | | | | |
|--|---|-------------------------------|---|---|--|----------------------------|----------------------|--|--|---|--|--|
| March 02, 20 | | | | | | | | | | PROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | - | | | |
| Check this box Washington, D.C. 20549 | | | | | | | Number: | 3235-0287 January 31, | | | | |
| if no long subject to Section 1 Form 4 or Form 5 obligatior | 6. Filed pur | suant to S | Section 10 | SECUR 6(a) of the | Expires: Estimated a burden hour response | 2005 average urs per | | | | | | |
| may conti <i>See</i> Instru 1(b). | inue. Section 17(a | | | vestment | • | · · | • | f 1935 or Section 40 | n | | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Michael A Kelly | | | 2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (M | /liddle) | 3. Date of Earliest Transaction (Cl | | | | | (Chec | eck all applicable) | | | |
| ONE AMGEN CENTER DRIVE | | | (Month/Day/Year) 03/02/2007 | | | | | Director 10% Owner X Officer (give title Other (specify below) VP Corp Plng & Control & CAO | | | | |
| | | | 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 OAKS, CA | | | | | | | | Form filed by N Person | Iore than One Re | porting | | |
| (City) | (State) | (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) | . Transaction Date 2A. Deemed | | Code (Instr. 3, 4 and 5)) (Instr. 8) (A) or | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | |
| Common Stock | 03/02/2007 | | | Code V F | Amount 461 | (D) D | Price \$ 62.11 | 3,164 | 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
information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

Edgar Filing: AMGEN INC - Form 4

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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title a Amount Underlyi Securitie (Instr. 3 a | of ing es | 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 | or Title Nu of | umber | | |

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 Corp Plng & Control & CAO | | | | |
| Signatures | | | | | | | | |
| /s/ Michael A | | | | | | | | |
| Kelly | 03/02/2007 | | | | | | | |
| <u>**</u> Signature of | 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.

Reporting Person