Edgar Filing: Bradway Robert A - Form 4

Bradway Ro Form 4	obert A								
March 27, 2	018								
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287	
Check this box if no longer subject to Section 16.				NGES IN BENEFI SECURITIES	Expires: Estimated a burden hou	•			
	Form 4 or						response	0.5	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U	16(a) of the Securit Itility Holding Com rvestment Compan	pany Act of	1935 or Section	I		
(Print or Type)	Responses)								
Bradway Robert A Symbo			Symbol	er Name and Ticker or N INC [AMGN]	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date of	of Earliest Transaction		(Check all applicable)			
				Day/Year) 2018	X Director 10% Owner X Officer (give title Other (specify below) below) Chairman, CEO and President				
				endment, Date Original onth/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
THOUSAN OAKS, CA	ID 91320-1799					Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-Derivative S	Securities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. 4. Securiti Transactionor Dispose Code (Instr. 3, 4 (Instr. 8)	ed of (D)	 S. 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 Ownership (Instr. 4)	

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

F

Common

Stock

03/23/2018

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.

419,326 (1)

D

\$

176.08 (2)

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

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

25,666 D

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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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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			
Bradway Robert A ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799	Х		Chairman, CEO and President				
Signatures							
/s/ Richard Benson, Attorney-in-Fact fo Bradway	(03/27/2018					
**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: 4,556 RSUs which vest in one installment on 1/30/2019; 14,070 RSUs which vest in two equal installments of 4,643 on 5/3/2018 and 5/3/2019 and one installment

(1) of 4,784 on 5/3/2020; and 14,760 RSUs which vest in installments of 4,870 on 5/1/2019, 4,871 on 5/1/2020 and 5,019 on 5/1/2021. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

These shares include 1,542 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited on the reporting person's unvested RSUs and are

(2) paid out in shares of the Company's common stock on a one-to-one basis according to the vesting schedule, 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.