

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

IN RE AMGEN INC.
SECURITIES LITIGATION

Case No. CV 07-2536 PSG (PLAx)
Honorable Philip S. Gutierrez

PROOF OF CLAIM AND RELEASE FORM

I. GENERAL INSTRUCTIONS

1. Capitalized terms not defined in this Proof of Claim and Release form (“Claim Form”) have the same meanings as set forth in the Notice of Proposed Class Action Settlement and Motion for Attorneys’ Fees and Expenses (“Settlement Notice”) that accompanies this Claim Form and the Stipulation and Agreement of Settlement, dated as of July 20, 2016 (the “Stipulation”).

2. To be eligible to recover from the Net Settlement Fund in the action entitled *In re Amgen Inc. Securities Litigation*, Case No. CV 07-2536 PSG (PLAx) (C.D. Cal.) (the “Action”), you must complete and, on page 9, sign this Claim Form. If you fail to submit a properly completed and addressed Claim Form, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the Settlement of the Action.

3. Submission of this Claim Form, however, does not assure that you will share in the Net Settlement Fund.

4. **YOU MUST MAIL OR SUBMIT YOUR COMPLETED AND SIGNED CLAIM FORM SO THAT IT IS POSTMARKED OR RECEIVED ON OR BEFORE DECEMBER 23, 2016, ADDRESSED AS FOLLOWS:**

AMGEN INC. SECURITIES LITIGATION
c/o Epiq
P.O. Box 4178
Portland, OR 97208-4178

To be considered timely, your Claim Form must be postmarked or received by the deadline above. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

5. If you are NOT a Class Member (as defined in the Settlement Notice), DO NOT submit a Claim Form.

6. If you are a Class Member and have not timely and validly requested exclusion, you will be bound by the terms of the Settlement and any judgment entered in this Action, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

7. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the settlement website at www.AmgenSecuritiesLitigation.com or you may email the Claims Administrator’s electronic filing department at info@AmgenSecuritiesLitigation.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at info@AmgenSecuritiesLitigation.com to inquire about your file and confirm it was received and acceptable.

8. You should be aware that it will take a significant amount of time to process all of the Claim Forms and to administer the Settlement. This work will be completed as promptly as time permits, given the need to review and tabulate each Claim Form. Please notify the Claims Administrator of any changes of address.

MUST BE
 POSTMARKED OR
 RECEIVED ON
 OR BEFORE
 DECEMBER 23, 2016

In re Amgen Inc. Securities Litigation

PROOF OF CLAIM AND RELEASE

Use Blue or Black Ink Only.

PART I: CLAIMANT IDENTIFICATION The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above. Please type or print.

Beneficial Owner's First Name MI Beneficial Owner's Last Name

Co-Beneficial Owner's First Name MI Co-Beneficial Owner's Last Name

Entity Name (if Beneficial Owner is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Address 1 (street name and number)

Address 2 (apartment, unit or box number)

City State ZIP Code

Foreign Country (only if not USA)

Last four digits of Social Security Number or Taxpayer Identification Number

Telephone Number (home) - - Telephone Number (work) - -

Email address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Account Number (account(s) through which the securities were traded):

- Specify one of the following:
- Individual(s)
 - Corporation
 - UGMA Custodian
 - IRA
 - Partnership
 - Other _____
 - Estate
 - Trust

If you were employed by Amgen, Inc. at any time between April 22, 2004 and May 10, 2007, inclusive, please provide the title(s) you held and the date(s) during which you held any such title(s).

Position	Start Date (MMYYYY)	End Date (MMYYYY)
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>

PART III: TRANSACTIONS IN AMGEN EXCHANGE-TRADED CALL OPTIONS

**IF NONE, CHECK
HERE.**

1. BEGINNING HOLDINGS – State the total number of Amgen call option contracts held as of the opening of trading on April 22, 2004. If none, write “0” or “Zero.” (Must be documented.)

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts in Which You Had an Open Interest
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2. PURCHASES DURING THE CLASS PERIOD – Separately list each and every purchase of Amgen call option contracts from after the opening of trading on April 22, 2004 through and including the close of trading on May 10, 2007. (Must be documented.)

Date of Purchase (List Chronologically) (MMDDYY)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts Purchased	Purchase Price Per Call Option Contract	Total Purchase Price (excluding taxes, commissions, and fees)	Insert an “E” if Exercised	Insert an “X” if Expired	Exercise Date (MMDDYY)
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IF NONE, CHECK HERE.

3. SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD – Separately list each and every sale of Amgen call option contracts listed in #2 above from after the opening of trading on April 22, 2004 through and including the close of trading on May 10, 2007. (Must be documented.)

Date of Sale (List Chronologically) (MMDDYY)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commissions, and fees)

IF NONE, CHECK HERE.

4. ENDING HOLDINGS – Separately list all positions in Amgen call option contracts in which you had an open interest as of the close of trading on May 10, 2007. (Must be documented.)

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts in Which You Had an Open Interest

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS/HOLDINGS YOU MUST

PHOTOCOPY THIS PAGE AND CHECK THIS BOX.

IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED.

PART IV – TRANSACTIONS IN AMGEN EXCHANGE-TRADED PUT OPTIONS

1. BEGINNING HOLDINGS – State the total number of Amgen put option contracts held as of the opening of trading on April 22, 2004. (Must be documented.)

IF NONE, CHECK HERE.

Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts in Which You Had an Open Interest
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2. SALES (WRITING OF PUT OPTIONS) DURING THE CLASS PERIOD– Separately list each and every sale (writing) of Amgen put option contracts from after the opening of trading on April 22, 2004 through and including the close of trading on May 10, 2007. (Must be documented.)

Date of Sale (Writing) (List Chronologically) (MMDDYY)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts Sold (Written)	Sale Price Per Put Option Contract	Total Sale Price (excluding taxes, commissions, and fees)	Insert an "E" if Exercised	Insert an "X" if Expired	Exercise Date (MMDDYY)
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IF NONE, CHECK HERE.

3. RE-PURCHASES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD – Separately list each and every re-purchase of Amgen put option contracts listed in #2 above from after the opening of trading on April 22, 2004 through and including the close of trading on May 10, 2007. (Must be documented.)

Date of Purchase (List Chronologically) (MMDDYY)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts Purchased	Purchase Price Per Put Option Contract	Total Purchase Price (excluding taxes, commissions, and fees)

IF NONE, CHECK HERE.

4. ENDING HOLDINGS – Separately list all positions in Amgen put option contracts in which you had an open interest as of the close of trading on May 10, 2007. (Must be documented.)

Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts in Which You Had an Open Interest

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS/HOLDINGS YOU MUST

PHOTOCOPY THIS PAGE AND CHECK THIS BOX.

IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED.

PART V – TRANSACTIONS IN AMGEN PUBLICLY TRADED BONDS

Code A = 0.125% Convertible Senior Notes Due February 1, 2011 (CUSIP: 031162AN0)

Code B = 0.375% Convertible Senior Notes Due February 1, 2013 (CUSIP: 031162AQ3)

1. BEGINNING AND ENDING HOLDINGS – State the face value of each type of Amgen Bond held at the opening of trading on April 22, 2004 and at the close of trading on May 10, 2007. If none, write “0” or “Zero.” (Must be documented.)

Bond Code (see above)	Face Value of This Bond Held as of the Opening of Trading on April 22, 2004	Face Value of This Bond Held as of the Close of Trading on May 10, 2007

2. PURCHASES – For each particular Amgen Bond, state (in chronological order) all purchases from after the opening of trading on April 22, 2004 through and including the close of trading on May 10, 2007. If none, write “0” or “Zero.” (Must be documented.)

Bond Code (see above)	Trade Date of Purchase (Month/Day/Year)	Face Value of This Bond Purchased	Purchase Price	Aggregate Cost (excluding taxes, commissions, and fees)

3. SALES – Separately list (in chronological order) each and every sale of Amgen Bonds from after the opening of trading on April 22, 2004 through and including the close of trading on May 10, 2007. (Must be documented.)

**IF NONE,
CHECK HERE.**

Bond Code (see above)	Trade Date of Sale (Month/Day/Year)	Face Value of This Bond Sold	Sale Price	Aggregate Received (excluding taxes, commissions, and fees)

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX.**

II. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

1. By signing and submitting this Claim Form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Claim Form under the terms of the Plan of Allocation of Net Settlement Fund described in the accompanying Settlement Notice. I (We) also submit to the jurisdiction of the United States District Court for the Central District of California (the "Court") with respect to my (our) claim as a Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by the terms of any judgment entered in connection with the Settlement in the Action, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible Amgen securities, if required to do so. I (We) have not submitted any other claim covering the same transactions in publicly traded Amgen securities during the alleged Class Period and know of no other person having done so on my (our) behalf.

III. RELEASES, WARRANTIES, AND CERTIFICATION

1. I (We) hereby warrant and represent that I am (we are) a Class Member as defined in the Settlement Notice, that I am (we are) not excluded from the Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Settlement Notice, and that I (we) believe I am (we are) eligible to receive a distribution from the Net Settlement Fund under the terms and conditions of the Plan of Allocation, as set forth in the Settlement Notice.

2. As a Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge with prejudice the Released Claims as to each and all of the Released Defendant Parties (as these terms are defined in the accompanying Settlement Notice).

3. As a Class Member, I (we) hereby acknowledge that I (we) will not be entitled to receive a recovery in any other action against any of the Released Defendant Parties based on or arising out of the Released Claims (as these terms are defined in the accompanying Settlement Notice).

4. This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.

5. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

6. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases and sales and other transactions in publicly traded Amgen securities that occurred during the Class Period and the number of securities held by me (us), to the extent requested.

7. I (We) certify that I am (we are) NOT subject to backup tax withholding. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I (We) declare that all of the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____, 2016

Signature of Claimant

Date - -
MM DD YY

Type or print name of Claimant

Signature of Joint Claimant, if any

Date - -
MM DD YY

Type or print name of Joint Claimant, if any.

If the Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of person signing on behalf of Claimant

Date - -
MM DD YY

Type or print name of person signing, on behalf of Claimant.

Capacity of person signing on behalf of Claimant, if other than an individual, e.g., Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.

REMINDER CHECKLIST:

1. Please sign this Claim Form.
2. Remember to attach supporting documentation, if available. **DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.**
3. Do NOT send original stock certificates or original brokerage statements.
4. Keep a copy of your Claim Form for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll-free at 800-462-2317.
6. If you move after submitting this Claim Form, please notify the Claims Administrator of the change in your address.

**THIS CLAIM FORM MUST BE POSTMARKED OR RECEIVED NO LATER THAN
DECEMBER 23, 2016.**

Amgen Inc. Securities Litigation
c/o Epiq
P.O. Box 4178
Portland, OR 97208-4178