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CALLAHA Form 4 November (N PATRICIA R										
FORM	ЛЛ								OMB AP	PROVAL	
	UNITED	STATES		RITIES . Ashingtor			ANGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF CHAN						FICIA	AL OWN	ERSHIP OF	Expires: Estimated av		
Section 16. SECURITIES Destinated utorage Form 4 or burden hours per Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section see Instruction 30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
1. Name and CALLAHA	er realine und rieller er rrading				5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First) (Middle)		of Earliest 7		-	[]	(Check	all applicable)	1	
420 MONT					Director 10% Owner _XOfficer (give title Other (specify below) below) Senior Executive VP						
Filed(Mon					onth/Day/Year) App _X_				 Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting 		
	NCISCO, CA 941							Person	-	-	
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	e Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code	4. Securit order Dispos (Instr. 3, 4	ed of		5. 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)	
Common				Code V	Amount	(D)	Price	(Insu: 5 and 4)		Through	
Stock, \$1 2/3 Par Value	11/08/2011			S	38,000	D	\$ 26.1583	4,274	Ι	KCD 2005 Trust 1	
Common Stock, \$1 2/3 Par Value	11/08/2011			S	38,000	D	\$ 26.1465	4,274	Ι	Through KCD 2005 Trust 2	
Common Stock, \$1 2/3 Par Value								10,687.4628 (1)	Ι	Through 401(k) Plan	

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Common Stock, \$1 2/3 Par Value	6,148	I	Through Child
Common Stock, \$1 2/3 Par Value	180,628	I	Through 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 form 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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	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)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e	Securities	(Instr. 5)	Bene
	Derivative				Securities	3	(Instr. 3 and 4)		Owne
	Security				Acquired				Follo
					(A) or				Repo
					Disposed				Trans
					of (D)				(Instr
					(Instr. 3,				
					4, and 5)				
							Amount		
							or		

	Date Exercisabl	Expiration e Date	Title	or Number of
Code V (A)	(D)			Shares

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	rector	10% Owner	Officer	Other			
CALLAHAN PATRICIA R 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104			Senior Executive VP				
Signatures							
Patricia R. Callahan, by Ross E. Jeffr Attorney-in-Fact	ries, as		11/09/2011				

**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).
- (1) Reflects share equivalents of units in Wells Fargo ESOP Fund of 401(k) Plan as of October 31, 2011, as if investable cash equivalents held by Plan were fully invested in Wells Fargo & Company Common Stock.

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.