WELLS FARGO & COMPANY/MN

Form 4

March 03, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

burden hours per response... 0.5

Estimated average

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Check this box if no longer subject to Section 16. Form 4 or

SECURITIES

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

2. Issuer Name and Ticker or Trading

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

WELLS FARGO &

COMPANY/MN [WFC]

1(b).

Value

(Print or Type Responses)

STUMPF JOHN G

1. Name and Address of Reporting Person *

| | | | | COMPRETABLE (WIC) | | | | | | | | |
|---|--|--------------------------------------|---|---------------------------------|--|---|-----------------------|--|--|--|---|--|
| (Last) (First) (Middle) 420 MONTGOMERY STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2015 | | | | | _X_ Director _X_ Officer (g below) | | 0% Owner other (specify & CEO | | |
| (Street) SAN FRANCISCO, CA 94104 | | | 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 Form filed by More than One Reporting | | | | | | |
| | 5711 (1711 11) | C15C0, C117. | 101 | | | | | | Person | | | |
| | (City) | (State) | (Zip) | Table | e I - Non-D | erivative (| Securi | ties A | cquired, Disposed | of, or Benefic | ially Owned | |
| | 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | Execution any | med on Date, if Day/Year) | 3. Transactio Code (Instr. 8) | Disposed (Instr. 3, 4 | (A) or of (D) 4 and 5 | | 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 Stock, \$1 2/3 Par Value | | | | | | | | 515,313 | I | Through Family Trust | |
| | Common Stock, \$1 2/3 Par Value | | | | | | | | 225,000 | I | Through JS GRAT | |
| | Common Stock, \$1 2/3 Par | | | | | | | | 225,000 | I | Through RS GRAT | |

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| Common Stock, \$1 2/3 Par Value | 88,599.9688 (1) | I | Through 401(k) Plan |
|--|--------------------|---|---|
| Common Stock, \$1 2/3 Par Value | 7,687.517 | I | Through Ira |
| Common Stock, \$1 2/3 Par Value | 112,000 | I | Through JJS 2011 Irrevocable Trust |
| Common Stock, \$1 2/3 Par Value | 150,000 | I | Through RT 2011 Irrevocable Trust |
| Common Stock, \$1 2/3 Par Value | 4,832.865 | I | Through Self Employed Pension Plan |
| Common Stock, \$1 2/3 Par Value | 5,353.342 | I | Through Spouse's Ira |

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 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. 5. Number of TransactionDerivative Securities Code Acquired (A) or (Instr. 8) Disposed of (D) (Instr. 3, 4, and 5) | | Expiration I | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amc Underlying Secu (Instr. 3 and 4) | |
|---|--|--------------------------------------|---|---|--------------|---------------------------|--|--|---|--|
| | · | | | Code V | (A) (| Date Exercisable D) | Expiration Date | Title | Ar Nu Sh | |
| 2012 Performance Shares | (2) | 03/01/2015 | | A | 650,536.1765 | (3) | (3) | Common Stock, \$1 2/3 Par Value | 6: | |

(9-02)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| STUMPF JOHN G 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104 | X | | President, Chairman & CEO | | | | |
| Signatures | | | | | | | |
| John G. Stumpf, by Anthony R. Au Attorney-in-Fact | gliera, as | | 03/03/2015 | | | | |
| **Signature of Reporting F | | 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 equivalent of units in Wells Fargo ESOP Fund of 401(k) Plan (the "Plan") as of January 31, 2015, as if investable cash equivalents held by Plan were fully invested in Wells Fargo & Company (the "Company") common stock.
- (2) Each Performance Share represents a contingent right to receive one share of Company common stock upon vesting based on the attainment of pre-established performance goals.
 - Represents the maximum number of 2012 Performance Shares earned based on the Company's attainment of pre-established performance goals for the three-year performance period ended December 31, 2014, as provided under the terms of a Performance Share award
- granted on February 28, 2012, which is exempt under Rule 16b-3(d). The 2012 Performance Shares will be settled in shares of common stock of the Company on March 15, 2015. As a condition to receiving the award, the reporting person agreed to hold, while employed by the Company and for at least one year after retirement, shares of Company common stock equal to at least 50% of the after-tax shares (assuming a 50% tax rate) acquired upon vesting.

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 Owners 3