### Edgar Filing: Modjtabai Avid - Form 4

Modjtabai A Form 4 May 30, 201												
FORM	$14_{\text{UNITE}}$	D STATE	SFCUP	ITIES		ND FY(	ינואי	ICF (	COMMISSION	r	PPROVAL	
Was								NGE (		OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed prinue.	Section 16 Public Ut	Washington, D.C. 20549 HANGES IN BENEFICIAL OWNERSHIP OF SECURITIES tion 16(a) of the Securities Exchange Act of 1934, dic Utility Holding Company Act of 1935 or Section the Investment Company Act of 1940							January 31, 2005 Estimated average burden hours per response 0.5 n		
(Print or Type F	Responses)											
Modjtabai Avid Syr Wi				2. Issuer Name <b>and</b> Ticker or Trading Symbol WELLS FARGO & COMPANY/MN [WFC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				of Earliest Transaction Day/Year) 2013					Director 10% Owner Officer (give title Other (specify below) Sr. Executive Vice President			
SAN FRAN	(Street) CISCO, CA 9	94104	4. If Amer Filed(Mon			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by M Form filed by M Person		erson	
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed			actio	4. Securi nAcquirec Disposec	ties I (A) c I of (D	r )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock, \$1 2/3 Par Value	05/20/2013			Code G		Amount 375	(D) D	Price \$ 0	(Instr. 3 and 4) 78,579 ( <u>1</u> )	I	Through Trust	
Common Stock, \$1 2/3 Par Value									0 (1)	D		
Common Stock, \$1 2/3 Par Value									8,398.8307 <u>(2)</u>	I	Through 401(k) Plan	

#### Edgar Filing: Modjtabai Avid - Form 4

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 Exerci	isable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ite	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Y	Year)	Underl	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable Date	-		Number		
				<b>C</b> 1 V	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
. 0	Director	10% Owner	Officer	Other				
Modjtabai Avid 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104			Sr. Executive Vice President					
Signatures								
Avid Modjtabai, by Anthony R. Au Attorney-in-Fact	ugliera,	as	05/30/2013					

<u>\*\*</u>Signature of Reporting Person

# **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) Total reflects a transfer of 6,252 shares from the reporting person's direct holdings to her trust. The transfer was not reportable under Rule 16a-13 of the Securities Exchange Act of 1934.

Date

Reflects share equivalent of units in the Wells Fargo ESOP Fund of 401(k) Plan as of April 30, 2013, 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.