WELLS FARGO & COMPANY/MN Form 5 February 13, 2 **FORM**

February 13, 2015							
FORM 5					OMB AP	PROVAL	
Check this box if no longer subject	UNITE	D STATES	OMB Number: Expires:	3235-036 January 3 200	1,		
to Section 16. Form 4 or Form 5 obligations may continue.	AN	INUAL ST	Estimated a burden hour response	s per	.0		
See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 30(h) of the Investment Company Act of 1940 Transactions Reported							
1. Name and Address Loughlin Michael	-	ng Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol WELLS FARGO & COMPANY/MN [WFC]	5. Relationship of I Issuer (Check	Reporting Pers	.,	
(Last) (F	First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)	Director X Officer (give t		Owner r (specify	

420 MONTGOMERY STREET

(Street)

SAN FRANCISCO, CAÂ 94104

6. Individual or Joint/Group Reporting (check applicable line)

below)

Sr. Executive Vice President

below)

X Form Filed by One Reporting Person _ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tab	le I - Non-Der	ivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquirec Disposec (Instr. 3, Amount	l (A) of d of (D 4 and (A) or))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (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	12/01/2014	Â	G	6,000	D	\$ 0	152,426.023	I	Through Family Trust
Common Stock, \$1 2/3 Par Value	Â	Â	Â	Â	Â	Â	6	D	Â
	Â	Â	Â	Â	Â	Â	7,688.1357 <u>(1)</u>	I	

12/31/2014

4. If Amendment, Date Original

Filed(Month/Day/Year)

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Common Stock, \$1 2/3 Par Value							Throu 401(k Plan	U
	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.SEC 2270 (9-02)Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(e.g., j 3. Transaction Date (Month/Day/Year)	puts, calls, warrant 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code	5. Number of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year) e	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)

					Amount
(A)	(D)	Date Exercisable	Expiration Date	Title	or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Loughlin Michael J 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104	Â	Â	Sr. Executive Vice President	Â				
Signatures								
Michael J. Loughlin, by Anthony R Attorney-in-Fact	a, as	02/13/2015						
**Signature of Reportin		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 the Wells Fargo ESOP Fund under the 401(k) Plan (the "Plan") as of December 31, 2014, 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 provided 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.

9. of D S B O E Is Fi (I