Modjtabai Avid Form 5 February 09, 2018

FORM 5

FORM	15									PHOVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB Number:	3235-0362		
no longer	Check this box if Washington, D.C. 20549 no longer subject							Expires:	January 31, 2005		
to Section 16. Form 4 or Form  ANNUAL STATEMENT C					CHANGES IN BENEFICIAL OF SECURITIES				Estimated a burden hour response	verage	
See Instru 1(b). Form 3 H Reported Form 4 Transactic Reported	Filed puriodings Section 17(a	a) of the F	ublic U		ng Compa	any A	Act of		l		
1. Name and A Modjtabai A	Address of Reporting l Avid		2. Issuer Name and Ticker or Trading Symbol WELLS FARGO & COMPANY/MN [WFC]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First) (M		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017				Director 10% Owner X Officer (give title Other (specify below) below)				
420 MONT	GOMERY STRE	ET	12,51,2	017				Sr. Execut	ive Vice Presid	lent	
	(Street)			endment, Date	Original			6. Individual or Joi	lual or Joint/Group Reporting		
			11100(1110)	iui Buji Touri				(check	applicable line)		
SAN FRAN	NCISCO, CA 9	94104						_X_ Form Filed by C Form Filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-Der	ivative Se	curitio	es Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)		)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Amount	or	Price	Year (Instr. 3 and 4)	(Instr. 4)		
Common Stock, \$1 2/3 Par Value	08/04/2017	Â		G	4,969	D	\$ 0	0	D	Â	
Common Stock, \$1 2/3 Par Value	08/04/2017	Â		G	4,969	A	\$ 0	394,793	I	Through Trust	

Â

12/12/2017

G

300

D

\$ 0 394,493

I

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Common Stock, \$1 2/3 Par Value									Through Trust
Common Stock, \$1 2/3 Par Value	Â	Â	Â	Â	Â	Â	11,103.2692 (1)	I	Through 401(k) Plan
Reminder: Report on a separate line for each class of			Persons w	SEC 2270					

securities beneficially owned directly or indirectly.

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

#### 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 Exerc	cisable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	(
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	]
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	5
	Derivative				Securities			(Instr.	3 and 4)		]
	Security				Acquired						(
					(A) or						]
					Disposed						]
					of (D)						]
					(Instr. 3,						(
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	11116	of		
					(A) (D)				Shares		
					(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
<b></b>	Director	10% Owner	Officer					
Modjtabai Avid 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104	Â	Â	Sr. Executive Vice President	Â				

# **Signatures**

Avid Modjtabai, by Anthony R. Augliera, as Attorney-in-Fact

02/09/2018

\*\*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)

2 Reporting Owners

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Reflects share equivalent of units in the Wells Fargo ESOP Fund under the 401(k) Plan (the "Plan") as of December 29, 2017, 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.