### Edgar Filing: Norton Amanda G - Form 4

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Form 4											
February 28,									OMB A	PPROVAL	
FORM	<b>14</b> UNITE	D STATES		ITIES Al hington,			IGE (	COMMISSION		3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5	ger <b>STAT</b> 6. or	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires:January 31 200Estimated average burden hours per response0.				
obligatio may cont See Instru 1(b).	ns Section	7(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Norton Amanda G			2. Issuer Name <b>and</b> Ticker or Trading Symbol WELLS FARGO &				5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				NY/MN							
420 MONTGOMERY STREET			3. Date of Earliest Transaction (Month/Day/Year) 02/26/2019					Director 10% Owner XOfficer (give title Other (specify below) Sr. EVP and Chief Risk Officer			
				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			
SAN FRAN	ICISCO, CA 9	4104							More than One R		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurit	ies Aco	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Ye	ear) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D) 4 and 5 (A) or	)	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					- mount		1100	162	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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# 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. ] De Sea (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Right	<u>(1)</u>	02/26/2019		А	20,166	(2)	(2)	Common Stock, \$1 2/3 Par Value	20,166	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director 10% Owner		Officer	Other			
Norton Amanda G 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104			Sr. EVP and Chief Risk Officer				
Signatures							
Amanda G. Norton, by Anthony Attorney-in-Fact	R. Auglie	ra, as	02/28/2019				

\*\*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) Each Restricted Share Right ("RSR") represents a contingent right to receive one share of Wells Fargo & Company (the "Company") common stock.

(2) These RSRs, which were awarded as a portion of long-term incentive compensation for 2019, vest in three installments: one-third on 3/15/2020, 3/15/2021, and 3/15/2022. As a condition to receiving the grant, 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.

Date

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.