## Edgar Filing: WELLS FARGO & CO/MN - Form 4

WELLS FAF	RGO & CO/MN										
Form 4											
May 04, 201	1										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
	Check this box						Expires:	January 31,			
if no long subject to		IENT O	F CHAN	GES IN I	BENEFI	CIAI	L OW	<b>NERSHIP OF</b>		2005	
	Section 16. SECURITIES						Estimated average burden hours per response 0.!				
Form 5		suant to	Section 16	6(a) of the	e Securiti	es Ex	chang	ge Act of 1934,	response	. 0.5	
obligation	<sup>18</sup> Section $17($							of 1935 or Section	m		
may conti <i>See</i> Instru 1(b).	inue.		) of the Inv	-	-						
(Print or Type R	(esponses)										
	ddress of Reporting	Person <sup>*</sup>	2. Issuer	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
SANGER S	TEPHEN W		Symbol								
			WELLS	FARGO	& CO/M	IN [W	VFC]	(Check all applicable)			
(Last)	(First) (Middle) 3. Date of Earliest Transaction				(Click						
			(Month/D	th/Day/Year)				X_ Director 10% Owner			
OPTIMUS H	HOLDINGS, LT	D., 294	05/03/20	•			Officer (give title Other (specify				
GROVE LA	NE EAST, SUIT	TE 280						below)	below)		
	4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
	Filed(Mon	th/Day/Year)				Applicable Line)					
								_X_ Form filed by Form filed by	One Reporting Potential More than One Report Potential P		
WAYZATA	., MN 55391							Person		epotting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Dat	e 2A. De	emed	3.	4. Securit			5. Amount of	6. Ownership		
Security	(Month/Day/Year)		on Date, if	TransactionAcquired (A) or				Securities	Form: Direct		
(Instr. 3)		any (Month	/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Wontin	/Day/Teal)	(11150.0)	(111501. 5,	+ anu .	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common											
Stock, \$1								2 400	D		
2/3 Par								2,400	D		
Value											

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 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. Transacti Code (Instr. 8)	5. Number ono Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Pric Deriva Securi (Instr.
				Code V	· (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	05/03/2011		А	4,745		(2)	(2)	Common Stock, \$1 2/3 Par Value	4,745	\$ 29

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Director	10% Owner	Officer	Other			
SANGER STEPHEN W OPTIMUS HOLDINGS, LTD. 294 GROVE LANE EAST, SUITE 280 WAYZATA, MN 55391	Х						
Signatures							
Stephen W. Sanger, by Ross E. Jeffries, a Attorney-in-Fact	IS		05/04	/2011			
**Signature of Reporting Person			Da	ite			

## **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) Conversion price is 1-for-1

(2) Deferred compensation shares payable in installments depending upon director's election.

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.