Edgar Filing: Sharan Kim Michelle - Form 4

Sharan Kim	Michelle											
Form 4												
March 01, 2	2012											
FORM			CECU	DITIES			NCE CO	MMISSION		PROVAL		
	UNITED	SIAIES		shington			INGE CU	MWISSION	OMB Number:	3235-0287		
Check the check	nger							Expires:	January 31, 2005			
subject Section Form 4		SECU	RITIES		ERSHIP OF	Estimated a burden hour response	average urs per					
Form 5 obligation may con <i>See</i> Inst 1(b).	ons ntinue. Section 17(a) of the l	Public U	tility Ho	lding Cor	npan	•	Act of 1934, 935 or Section				
(Print or Type	Responses)											
			Symbol	Ic					5. Relationship of Reporting Person(s) to ssuer			
			[AMP]		TINANCI	AL I	(Check all applicable)					
(Last)								Director 10% Owner _X Officer (give title Other (specify				
OFFICE, 1	L COUNSEL'S 098 AMERIPRIS AL CENTER	E	02/28/2	2012			De	elow) Pres Fncl Plr	below) ng & Wealth &	СМО		
				endment, D onth/Day/Yea	-	ıl	А	6. Individual or Joint/Group Filing(Check Applicable Line)				
MINNEAF	POLIS, MN 55474	Ļ					_	X_ Form filed by On Form filed by Mo erson				
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. D (Month/Day/Year) Execu any (Mont			Code (Instr. 3, 4 and 5)			(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(Instr. 4)			
Common Stock	02/28/2012			М	35,000	А	\$ 35.035	52,977	D			
Common Stock	02/28/2012			S	31,483	D	\$ 56.0005 (1)	21,494	D			
Common Stock								246.15	Ι	By 401(k) Plan <u>(2)</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.

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)	4. Transactio Code (Instr. 8)	Istr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code V	and 5 (A)	5) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock	\$ 35.035	02/28/2012	М		35,000	10/03/2009	10/02/2015	Common Stock	35,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Sharan Kim Michelle GENERAL COUNSEL'S OFFICE 1098 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474			Pres Fncl Plng & Wealth & CMO				
Signatures							
/s/ Thomas R. Moore for Kim Michele Sharan	03/	01/2012					

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

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

information regarding the number of shares sold at each separate price.

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Reflects the weighted average price of 31,483 shares of common stock of Ameriprise Financial, Inc. sold by the reporting person in multiple transactions on February 28, 2012 with sale prices ranging from \$56.00 to \$56.0069 per share. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full

Estimate of the number of shares held in the reporting person's account in the Ameriprise Financial Stock Fund under the Ameriprise
(2) Financial 401(k) plan as of February 6, 2012. This plan uses unit accounting and the number of shares that a participant is deemed to hold varies with the price of Ameriprise 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.