Edgar Filing: STUMPF JOHN G - Form 4

Form 4	OHN G											
January 05, 2	2010											
FORM	14 UNITED S	STATES				ND EX D.C. 20		NGE	COMMISSIO		APPROVAL 3235-0287	
Check thi					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	210120				Expires:	January 31,	
if no long subject to Section 1 Form 4 or		CHANGES IN BENEFICIAL OWN SECURITIES						Estimated burden ho response.	ours per			
Form 5 obligation may cont <i>See</i> Instru 1(b).	$\frac{1}{1}$ inue. Section 17(a) of the l		ility H	lold	ing Con	ipany	y Act o	ge Act of 1934, of 1935 or Secti 940			
(Print or Type F	Responses)											
1. Name and A STUMPF JC	ddress of Reporting F DHN G	Person <u>*</u>	2. Issuer Symbol WELLS			Ticker or			5. Relationship o Issuer	of Reporting Pe	erson(s) to	
(Last)	(First) (N	liddle)	3. Date of					, in cj	(Check all applicable)			
. ,	GOMERY STRE	,	(Month/D 01/02/20	ay/Year					X Director X Officer (gi below) Preside		% Owner her (specify : CEO	
				ndment, Date Original hth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
SAN FRAN	CISCO, CA 9410	4							Person	More than One I	keporting	
(City)	(State)	Zip)	Tabl	e I - No	n-D	erivative	Secur	ities Ac	equired, Disposed	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		Code	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock, \$1 2/3 Par Value	01/02/2010			A		7,278 (1)	A	\$ 0	88,225	D		
Common Stock, \$1 2/3 Par Value									83,045.535 (2)	I	Through 401(k) Plan	
Common Stock, \$1 2/3 Par Value									596,817	I	Through Family Trust	

Common Stock, \$1 2/3 Par Value	6,907.88	Ι	Through Ira
Common Stock, \$1 2/3 Par Value	4,342.737	Ι	Through Self Employed Pension Plan
Common Stock, \$1 2/3 Par Value	4,810.429	I	Through Spouse's Ira

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	mer Officer				
STUMPF JOHN G 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104	Х		President, Chairman & CEO				

Signatures

John G. Stumpf, by Ross E. Jeffries, as Attorney-in-Fact

**Signature of Reporting Person

01/05/2010 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).

Shares of Wells Fargo & Company (the "Company") common stock acquired under the Company's Long-Term Incentive Compensation Plan. As a condition to receiving these shares, the reporting person agreed to hold and not transfer, for the entire period during which the

- (1) Company has any obligations outstanding under the U.S. Treasury's Troubled Asset Relief Program (the "Restriction Period"), all of the shares received. These transfer restrictions will terminate upon the earlier of the end of the Restriction Period or the date of the reporting person's death or disability.
- (2) Reflects share equivalent of units in Wells Fargo ESOP Fund of 401(k) Plan as of November 30, 2009, 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 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.