### WELLS FARGO & COMPANY/MN

11/20/2015

2/3 Par Value

Form 4

November 24, 2015

| FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ΛД                                                                               |             |                             |                                                                   |      |                                             |                                |           |                                                                                                                                         | OMB AF                                                   | PROVAL                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------|-----------------------------|-------------------------------------------------------------------|------|---------------------------------------------|--------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|--|
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | " T UNITED                                                                       | STATES      |                             |                                                                   |      | ND EXO<br>D.C. 20:                          |                                | NGE C     | OMMISSION                                                                                                                               | OMB<br>Number:                                           | 3235-0287                                                         |  |
| Check the control of | ris box  Iger to 16.  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES |             |                             |                                                                   |      |                                             |                                |           |                                                                                                                                         |                                                          | January 31,<br>2005<br>verage<br>s per<br>0.5                     |  |
| Form 5 obligation may con <i>See</i> Instruction 1(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Section 17(                                                                      | a) of the l | Public U                    | tility I                                                          | Holo |                                             | npany                          | Act of    | e Act of 1934,<br>1935 or Section<br>0                                                                                                  | response                                                 |                                                                   |  |
| (Print or Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Responses)                                                                       |             |                             |                                                                   |      |                                             |                                |           |                                                                                                                                         |                                                          |                                                                   |  |
| 1. Name and A Loughlin M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Address of Reporting<br>Iichael J                                                | Person *    | 2. Issue<br>Symbol<br>WELLS |                                                                   |      | Ticker or                                   | Tradin                         | g         | 5. Relationship of Issuer                                                                                                               |                                                          |                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COMPANY/MN [WFC]                                                                 |             |                             |                                                                   |      |                                             | (Check all applicable)         |           |                                                                                                                                         |                                                          |                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |             |                             | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>11/20/2015 |      |                                             |                                |           | Director 10% Owner _X_ Officer (give title Other (specify below)  Sr. Executive Vice President                                          |                                                          |                                                                   |  |
| Filed(Mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |             |                             |                                                                   |      | nte Original                                |                                |           | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting |                                                          |                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NCISCO, CA 941                                                                   | 04          |                             |                                                                   |      |                                             |                                |           | Person                                                                                                                                  | ore man one res                                          | yorung                                                            |  |
| (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (State)                                                                          | (Zip)       | Tab                         | le I - No                                                         | on-E | Derivative S                                | Securi                         | ties Acqu | ired, Disposed of,                                                                                                                      | or Beneficiall                                           | y Owned                                                           |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Month/Day/Year) Execution Date, if                                              |             |                             | Code<br>(Instr.                                                   | 8)   | 4. Securit<br>on(A) or Dis<br>(Instr. 3, 4) | sposed<br>4 and 5<br>(A)<br>or | of (D)    | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                      | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock, \$1<br>2/3 Par<br>Value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10/28/2015                                                                       |             |                             | G                                                                 |      | 17,479                                      | ` ′                            | Price     | 1,260                                                                                                                                   | D                                                        |                                                                   |  |
| Common<br>Stock, \$1<br>2/3 Par<br>Value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10/28/2015                                                                       |             |                             | G                                                                 | V    | 17,479                                      | A                              | \$ 0      | 218,207.324                                                                                                                             | I                                                        | Through<br>Family<br>Trust                                        |  |
| Common Stock, \$1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11/20/2015                                                                       |             |                             | M                                                                 |      | 05 500                                      | •                              | ¢ 21.4    | 06.040                                                                                                                                  | D                                                        |                                                                   |  |

M

85,580 A \$31.4 86,840

D

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| Common<br>Stock, \$1<br>2/3 Par<br>Value | 11/20/2015 | F | 67,675 | D | \$<br>55.82 | 19,165         | D |                     |
|------------------------------------------|------------|---|--------|---|-------------|----------------|---|---------------------|
| Common<br>Stock, \$1<br>2/3 Par<br>Value |            |   |        |   |             | 8,025.1716 (1) | I | Through 401(k) Plan |

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.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(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<br>Underlying Securities<br>(Instr. 3 and 4) |                                     |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------|---------------------------------------------------------------------|-------------------------------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                 | (A) (D)                                                                                   | Date<br>Exercisable                                      | Expiration<br>Date | Title                                                               | Amount<br>or<br>Number<br>of Shares |
| Employee<br>Stock<br>Purchase<br>Option             | \$ 31.4                                                               | 11/20/2015                              |                                                             | M                                      | 85,580                                                                                    | (2)                                                      | 02/26/2018         | Common<br>Stock, \$1<br>2/3 Par<br>Value                            | 85,580                              |

# **Reporting Owners**

| Reporting Owner Name / Address | Keiauonsnips |           |         |       |  |  |  |
|--------------------------------|--------------|-----------|---------|-------|--|--|--|
|                                | Director     | 10% Owner | Officer | Other |  |  |  |
| Loughlin Michael J             |              |           |         |       |  |  |  |

420 MONTGOMERY STREET SAN FRANCISCO, CA 94104 Sr. Executive Vice President

**Signatures** 

Michael J. Loughlin, by Anthony R. Augliera, as Attorney-in-Fact

\*\*Signature of Reporting Person Date

Reporting Owners 2

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## **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) Reflects share equivalent of units in the Wells Fargo ESOP Fund under the 401(k) Plan (the "Plan") as of October 31, 2015, as if investable cash equivalents held by Plan were fully invested in Wells Fargo & Company common stock.
- (2) The employee stock options, representing a right to purchase a total of 171,280 shares, became exercisable in three equal annual installments beginning on the first anniversary of the date of grant (2/26/2009).

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.