#### Edgar Filing: STUMPF JOHN G - Form 4

Form 4	OHN G									
January 19, 2	2010									
FORM	<b>4</b> UNITED	STATES		RITIES A shington,			NGE	COMMISSION		APPROVAL 3235-0287
Check the				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>D</b> .C. <b>2</b> 0	015			Expires:	January 31,
if no long subject to Section 1 Form 4 o	IENT O	T OF CHANGES IN BENEFICIAL OWNEI SECURITIES						Estimated burden ho response.	urs per	
Form 5 obligation may cont See Instru 1(b).	ns Section 17(	a) of the	Public U		ling Con	npan	y Act	age Act of 1934, of 1935 or Sectio 940	on	
(Print or Type I	Responses)									
1. Name and A STUMPF JC	address of Reporting OHN G	Person <u>*</u>	Symbol	r Name <b>and</b> S FARGO			-	5. Relationship o Issuer	f Reporting Pe	rson(s) to
(Last)	(First) (1	Middle)		f Earliest Tr		VIIN [	wrej	(Che	ck all applicab	le)
``´	GOMERY STRE		(Month/E 01/16/2	Day/Year)				X Director X Officer (giv below) Presider		
	(Street)			endment, Da hth/Day/Year	-	1		6. Individual or J Applicable Line) _X_Form filed by	One Reporting I	Person
SAN FRAN	CISCO, CA 941	04						Form filed by Person	More than One F	Reporting
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities A	cquired, Disposed o	of, or Beneficia	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) c l of (D	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
				Code V	Amount		Price	(Instr. 3 and 4)		
Common Stock, \$1 2/3 Par Value	01/16/2010			А	3,429 (1)	A	\$ 0	91,654	D	
Common Stock, \$1 2/3 Par Value								83,121.2949 (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	10% Owner 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

01/19/2010 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.
- Reflects share equivalent of units in Wells Fargo ESOP Fund of 401(k) Plan as of December 31, 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.