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OMAN MA Form 4 February 04											
FORM	ЛЛ									OMB A	PPROVAL
	UNITED	STATES		RITIES Ishington				IGE CO	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16.		MENT OI		U	N BEN	EFI	ERSHIP OF	Expires: Estimated a burden hou			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Sector Section 17(a) of the Public Utility Holding 30(h) of the Investment Com						Com	pany	Act of 1	1935 or Section	response	•
(Print or Type	Responses)										
1. Name and OMAN MA	Address of Reporting ARK C	Person <u>*</u>	Symbol	er Name a S FARG			-)]	5. Relationship of ssuer	Reporting Per	son(s) to
(Last)	(First) (Middle)		of Earliest			- · L · ·	,	(Check	c all applicable	e)
ONE HOM FLOOR	IE CAMPUS, 6TI	H	(Month/) 02/02/2	Day/Year) 2005					Director X Officer (give below) Group Exec		o Owner er (specify esident
DES MOR	(Street) NES, IA 50328			endment, l onth/Day/Ye		ginal		1	5. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	erson
(City)	(State)	(Zip)				. ~			Person		
	· · ·	-						-	ired, Disposed of,		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transact Code (Instr. 8)	ioror Dis (Instr	sposed			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
C				Code V	Amo	ount	(D)	Price	(Instr. 3 and 4)		
Common Stock, \$1 2/3 par value	02/02/2005			М	100,	000	A	\$ 49.58	314,892	D	
Common Stock, \$1 2/3 par value	02/02/2005			F	87,0	51	D	\$ 61.8	227,841	D	
Common Stock, \$1 2/3 par value									30,000	I	Through family LLC

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Common Stock, \$1 2/3 par value	2,080	Ι	As custodian for son under UGMA
Common Stock, \$1 2/3 par value	2,080	Ι	As custodian for daughter under UGMA
Common Stock, \$1 2/3 par value	7,650.118 <u>(1</u>	<u>)</u> 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.

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. Transactio Code (Instr. 8)	1		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	An or Nu of S
Employee Stock Purchase Option	\$ 49.58	02/02/2005		М		55,977	02/27/2002	02/27/2011	Common Stock, \$1 2/3 par value	55
Employee Stock Purchase Option	\$ 49.58	02/02/2005		М		44,023	02/27/2003	02/27/2011	Common Stock, \$1 2/3 par value	44
Employee Stock Purchase Option	\$ 61.8	02/02/2005		A	87,146		02/02/2005	02/27/2011	Common Stock, \$1 2/3 par value	87

Reporting Owners

Reporting Owner Name / Address	Relationships								
1	Director	10% Owner	Officer	Other					
OMAN MARK C ONE HOME CAMPUS 6TH FLOOR DES MOINES, IA 50328			Group Executive Vice President						
Signatures									
Mark C. Oman, by Robert S. S. Attorney-in-Fact	ingley,		02/04/2005						
<u>**</u> Signature of Reporting	Person		Date						
Explanation of Besponses:									

Explanation of nesponses.

* 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).

Reflects share equivalent of units in Wells Fargo Stock Fund and ESOP Fund of 401(k) Plan as of December 31, 2004, as if investable (1) 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.