Edgar Filing: Woerner John Robert - Form 4

Woerner Jo Form 4 July 09, 20											
FOR	M A								OMB AP	PROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							MMISSION	OMB Number:	3235-0287	
if no lo subject Section Form 4	to SIAIE 16. or	s box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005 average urs per . 0.5	
Form 4 or Form 5 obligations may continue.response0.5See Instruction 1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19400.5											
(Print or Type	e Responses)										
Woerner John Robert S							Relationship of Reporting Person(s) to suer (Check all applicable)				
			[AMP]					(chier an approacte)			
								Director 10% Owner X Officer (give title Other (specify low) below)			
				07/05/2018 below) below) Pres Ins & Chief Strat Officer							
				ed(Month/Day/Year) Ap				Individual or Joint/Group Filing(Check oplicable Line)			
MINNEAPOLIS, MN 55474				_				X_Form filed by One Reporting Person Form filed by More than One Reporting erson			
(City)	(State)	(Zip)	Tabl	le I - Non	-Derivative S	ecurit	ties Acquir	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed Month/Day/Year) Execution D any (Month/Day		Date, if TransactionDisposed of (D) Code (Instr. 3, 4 and 5)			ired (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	OwnershipIndirectForm:BeneficiDirect (D)Ownership	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(111501.4)		
Common Stock	07/05/2018			М	579.4085	А	<u>(1)</u>	25,585.4085	D		
Common Stock	07/05/2018			F	251.4085	D	\$ 140.97	25,334	D		
Common Stock								228.9755 <u>(2)</u>	Ι	By 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 SEC 1474 information contained in this form are not (9-02)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)	 5. Number of tiorDerivative 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 Underlying Securities (Instr. 3 and 4)	
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	<u>(1)</u>	07/05/2018	М		579.4085	(3)	(3)	Common Stock	579.4085

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Woerner John Robert GENERAL COUNSEL'S OFFICE 1098 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474			Pres Ins & Chief Strat Officer				
Signatures							
/s/ Thomas R. Moore for John Robert	07/09/2018						

Woerner

**Signature of Reporting Person

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). **
- (1) Each share of phantom stock represents the right to receive one share of Ameriprise Financial, Inc. common stock.

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 July 5, 2018. This plan uses unit accounting and the number of shares that a participant is deemed to hold varies with the price of Ameriprise stock.

Shares of phantom stock are payable in shares of Ameriprise common stock following termination of employment or during a specified (3) future year in accordance with The Ameriprise Financial Deferred Compensation Plan.

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.