Edgar Filing: Berman Walter Stanley - Form 4

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Form 4 July 09, 20	18										
•	ЛЛ								OMB AP	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check if no lo	this box nger		CILL						Expires:	January 31, 2005	
subject Section	subject to Section 16. Form 4 or								Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See 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 1940											
(Print or Type	e Responses)										
1. Name and Address of Reporting Person *2. IssuBerman Walter StanleySymbol				er Name a i	nd Ticker or T	Trading	2	Relationship of Reporting Person(s) to suer			
	AMERIPRISE FINANCIAL INC [AMP] (Ch					(Check	ek all applicable)				
(Last)	(First)				Transaction		_	Director X Officer (give t	itle 10%		
GENERAL COUNSEL'S (Month/Day/Year) _X_ Officer (give titleOther (specify below) GENERAL COUNSEL'S 07/05/2018 Executive VP and CFO OFFICE, 1098 AMERIPRISE FINANCIAL CENTER Executive VP and CFO											
				nendment, l onth/Day/Ye	Date Original ear)		Aj	Individual or Joint/Group Filing(Check pplicable Line) K_ Form filed by One Reporting Person			
MINNEAPOLIS, MN 55474 Form filed by More than One Reporting Person											
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivative S	ecurit	ties Acquir	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if TransactionDisposed of (I						Securities Beneficially Owned Following Reported	Ownership Ir Form: B Direct (D) C or Indirect (I (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
~				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(
Common Stock	07/05/2018			М	547.7713	А	<u>(1)</u>	25,623.7713	D		
Common Stock	07/05/2018			F	255.7713	D	\$ 140.97	25,368	D		
Common Stock								325.8616 <u>(2)</u>	Ι	By 401(k) Plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	 5. Number of actionDerivative Securities 8) 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	(1)	07/05/2018		М		547.7713	(3)	(3)	Common Stock	547.7713

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Berman Walter Stanley GENERAL COUNSEL'S OFFICE 1098 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474			Executive VP and CFO				
Signatures							
/s/ Thomas R. Moore for Walter Stanley Berman	(07/09/2018					
**Signature of Reporting Person		Date					
Explanation of Responses	2 '						

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.

(3) Shares of phantom stock are payable in shares of Ameriprise common stock following termination of employment or during a specified 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.