Edgar Filing: McGraw Deirdre Davey - Form 4

McGraw De Form 4	irdre Davey										
February 06,	, 2018										
FORM 4 UNITED STATES SI										OMB APPROVAL	
	UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 c	ger STATE 16.									Expires: January 31 2009 Estimated average burden hours per response 0.9	
Form 5 obligatio may com See Instr 1(b).	tinue. Section 1	7(a) of the		ility Hold	ling Con	npany	y Act of	e Act of 1934, E 1935 or Section 0	·	0.0	
(Print or Type]	Responses)										
McGraw Deirdre Davey Symbol AMER			Symbol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date (Month) 1098 AMERIPRISE FINANCIAL CENTER, GENERAL COUNSEL'S				of Earliest Transaction /Day/Year)				Director 10% Owner X_ Officer (give title Other (specify below) below) EVP Corp Comm/Cmnity Rltns			
OFFICE	(Street)			ndment, Da hh/Day/Year	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by C	One Reporting Pe	rson	
MINNEAP	OLIS, MN 5547	74						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ity (Month/Day/Year) Execution Date, if Tr 3) any Co (Month/Day/Year) (In			3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	(A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)		
Common Stock	02/02/2018			A	2,515	(D) A	\$ 0	12,649	D		
Common Stock	02/02/2018			F	1,339	D	\$ 167.5	11,310	D		
Common Stock	02/02/2018			F	239	D	\$ 167.5	11,071	D		
Common Stock								497.514 <u>(1)</u>	Ι	By 401(k) Plan	

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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. Transactio Code (Instr. 8)	5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date		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	(2)	02/02/2018	А	237.7612		(3)	<u>(3)</u>	Common Stock	237.7612

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
McGraw Deirdre Davey 1098 AMERIPRISE FINANCIAL CENTER GENERAL COUNSEL'S OFFICE MINNEAPOLIS, MN 55474			EVP Corp Comm/Cmnity Rltns				
Signatures							
/s/ Thomas R. Moore for Deirdre Davey McGraw	02/06	6/2018					
<u>**</u> Signature of Reporting Person	Da	ite					

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).

Estimate of the number of shares held in the reporting person's account in the Ameriprise Financial Stock Fund under the Ameriprise(1) Financial 401(k) plan as of February 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.

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