### Edgar Filing: Sharpe Robert Francis JR - Form 4

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Form 4	10								
April 26, 2019 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							л	PPROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287
Check the if no lon subject to Section Form 4 Form 5	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,					Expires: Estimated burden hou response	urs per		
obligatio may cor <i>See</i> Inst 1(b).	tinue. Section 17	(a) of the I	Public U		ding Con	npany Ac	t of 1935 or Section	on	
(Print or Type	Responses)								
1. Name and Address of Reporting Person <u>*</u> Sharpe Robert Francis JR			2. Issuer Name <b>and</b> Ticker or Trading Symbol AMERIPRISE FINANCIAL INC			5. Relationship of Reporting Person(s) to Issuer			
			[AMP]				(Che	ck all applicabl	e)
OFFICE, 1	(First) ( COUNSEL'S 098 AMERIPRIS AL CENTER	Middle)		f Earliest Ti Day/Year) 2019	ransaction		X Director Officer (giv below)		% Owner her (specify
	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
MINNEAP	OLIS, MN 55474						Person		1 0
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities .	Acquired, Disposed o	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D			Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(D) Price	(insu: 5 and 4)		
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities benef	ficially own	ned 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)	5. Number of orDerivative Securities Acqu (A) or Dispose (D) (Instr. 3, 4, and	d of	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 o Number o Shares
Phantom Stock (Annual)	<u>(1)</u>	04/24/2019		А	1,041.6667		(2)	(2)	Common Stock	1,041.60
Reporting Owners										
Reporting Owner Name / Address			Relation	nships						

Other

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	(		
Sharpe Robert Francis JR GENERAL COUNSEL'S OFFICE 1098 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474	Х					
Signatures						
/s/ Thomas R. Moore for Robert F.	04/	/26/2019				

# **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.

Upon ceasing to be a non-employee director of Ameriprise Financial, Inc., the reporting director will receive common stock of

(2) Ameriprise Financial, Inc. in settlement of the reporting director's deferred share units on a one-for-one basis in a lump sum at the end of the quarter immediately following the quarter in which the reporting director's termination of service on the Board of Directors occurs.

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.

Sharpe, Jr.

\*\*Signature of Reporting Person

Date

### **Reporting Owners**

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