## Edgar Filing: WACHOVIA CORP NEW - Form 4

WACHOVIA	A CORP NEW											
Form 4												
April 01, 200	)8											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITED	STATES					NGE	COMMISSION	ONID	3235-0287		
Check thi	is box		vvas	hington,	D.C. 20	549			Number:	January 31,		
if no long	ger STATE	MENT O	<b>Г СНА</b> М	CES IN I	PENIFFI	CIA			Expires:	2005		
subject to	)		r Chan		ES IN BENEFICIAL OWNERSHIP OF					Estimated average		
Section 1 Form 4 or				SECOR	11125				burden hou	•		
Form 5		rsuant to	Section 10	5(a) of the	Securit	ies E	xchan	ge Act of 1934,	response	0.5		
obligation	ns Section 17							of 1935 or Sectio	n			
may cont See Instru	inue.			vestment	•	- ·						
1(b).	letion				•	-						
(Print or Type F	Responses)											
1 Nome and A	dduaga of Danauting	Damon *						5 Deletionship of	Donorting Don	aan(a) to		
LEHMAN A	ddress of Reporting			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
byinoor				OVIA CORP NEW [WB]								
	-					v Lvv	D]	(Chec	k all applicable	e)		
(Last)	(First)	(Middle)		Earliest Tra	ansaction			D	100			
ONE WACE	HOVIA CENTE	<b>R</b> 301	(Month/D 03/31/20	Day/Year)			Director 10% Owner X Officer (give title Other (specify					
ONE WACHOVIA CENTER, 301 03/31/20 SOUTH COLLEGE STREET			2008				below)	below)				
50011100									SVP			
			ndment, Date Original				6. Individual or Joint/Group Filing(Check					
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by (	One Penorting De	reon		
CHARLOT	TE, NC 28288							Form filed by N				
CHARLOT	TE, NC 20200							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Da	te 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	) Execution	on Date, if	TransactionAcquired (A) or Code Disposed of (D) (Justr. 8) (Justr. 3. 4 and 5)				Beneficially	Form: Direct	Beneficial		
(Instr. 3)		any (Month/	Dou/Voor)						(D) or Indirect (I) (Instr. 4)			
		(INIOIIIII)	(Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				3)	Following				
						(A)		Reported	. ,			
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	03/31/2008			F	197	D	\$ 27	48,368.8836	D			
Stock							÷ = /	<u>(1)</u>				
Common								208 8101	T	By 401(k)		
Stock								398.8101	Ι	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.

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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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Benerting Owner Neme / Ad	duoaa	Relationships							
Reporting Owner Name / Ad	Director	10% Owner	Officer	Other					
LEHMAN ALICE L ONE WACHOVIA CENTE 301 SOUTH COLLEGE ST CHARLOTTE, NC 28288			SVP						
Signatures									
Alice L. Lehman	04/01/2008								
**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) Includes 18,288 shares of unvested restricted stock with respect to which provisions exist to allow for the withholding of shares to satisfy tax withholding obligations.

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.