

ASSOCIATED BANC-CORP

Reported by **DEWITT ANGIE**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/16/20 for the Period Ending 07/15/20

Address 433 MAIN STREET

GREEN BAY, WI, 54301

Telephone 920-491-7500

CIK 0000007789

Symbol ASB

SIC Code 6022 - State Commercial Banks

Industry Banks

Sector Financials

Fiscal Year 12/31



☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *													5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
DeWitt Angi	e			A	SSC	CIAT	ED BA	NC	-COF	RP [AS	B]						
(Last)	(First)	(Mi	iddle)	3	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner				
(2.135) (1.114116)					, , ,								X_ Officer (give title below) Other (specify below) Executive Vice President				
C/O ASSOCIATED BANC-CORP, 433					7/15/2020							Executive Vic	ce Preside	ent			
MAIN STRE	EET																
	(Stree	et)		4	If An	nendme	nt, Date (Origi	nal File	d (MM/DI	D/YYY	Y) 6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)	
CDEEN DA																	
GREEN BAY, WI 54301													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	ity) (Stat	te) (Zip	p)														
			Table l	I - Non-Do	erivat	ive Seci	ırities Ac	equir	ed, Dis	sposed o	f, or l	Beneficially Owne	ed				
				2. Trans. Date			3. Trans. Code 4. Securities Acquired (A					5. Amount of Securities Beneficially Owned 6.			7. Nature		
(Instr. 3)				Execution (Instr. 8) Date, if any							(Instr. 3 and 4)	Following Reported Transaction(s) (Instr. 3 and 4)			of Indirect Beneficial		
						-	ı			1	1					Ownership (Instr. 4)	
							Code	V	Amoun	(A) or (D)	Price				(I) (Instr. 4)	(IIIsu. 4)	
Common Stock \$0.0	1 Par Value			7/15/2020			J(1)	v	38.1628	` /	\$13.09			15,564.2611	D		
			L.				<u> </u>		ı	1					<u>I</u>		
	Tab	le II - Der	ivative	Securitie	s Ben	eficially	Owned	(e.g.,	puts,	calls, wa	rrant	s, options, conver	tible secu	rities)			
1. Title of Derivate	2.	3. Trans.	3A. Deer			5. Numb			Date Exer			e and Amount of		9. Number of	10.	11. Nature	
Security Conversion Date Execution (In Tristr. 3) Or Exercise Date Date, if any			(r. 8) Derivative Securities and Ex Acquired (A) or				l Expirati	on Date		ties Underlying ative Security	Derivative Security	derivative Securities	Ownership Form of	of Indirect Beneficial			
(Price of Derivative Security			Disposed of (D)				(Instr. 3 an						Derivative	Ownership		
				(Instr. 3, 4 and 5)						Following Direct (I			Security: Direct (D)	(Instr. 4)			
								Dat	te	Expiration		Amount or Number of		Reported Transaction(s)	or Indirect		
				Code	· V	(A)	(D)		ercisable			Shares		(Instr. 4)	(1) (Illstr. 4)		
	_					•						·		•			

Explanation of Responses:

(1) Shares were purchased within the Issuer's Employee Stock Purchase Plan.

Reporting Owners

reporting Owners									
Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
DeWitt Angie									
C/O ASSOCIATED BANC-CORP			Executive Vice President						
433 MAIN STREET			Executive vice rresident						
GREEN BAY, WI 54301									

Signatures

/s/ Lynn M. Floeter, attorney-in-fact for Angie DeWitt

**Signature of Reporting Person

7/16/2020

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.