FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Name and Address of Reporting Person* SULLIVAN LOUIS W | | | | | 2. Issuer Name and Ticker or Trading Symbol 3M CO [MMM] | | | | | | | | (Chec | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|-----------------------------------|--|--------|--|---|---------|------------------------|--------------------|-------|------------------------------------|-------------------------|---|---|---|-------------------------|--|--------------------------------------|--|
| (Last) | (First) | • | iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2006 | | | | | | | | _ ^ | Officer (give title below) | | | Other (specify below) | | |
| MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE S.W. | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | - 1 | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) ATLANTA | GA | 30 | 310 | | | | | | | | | | | Form file | d by Mor | e than C | ne Reporti | ng Person | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | on-Der | ivative | Se | curitie | s Acc | uired, | , Dis | posed of, | or Benef | icially O | wned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | E) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed C | | | s Acquired (A If (D) (Instr. 3, | | 5. Amount of Securities Beneficially Owner Following Reporte | | | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock ⁽¹⁾ 05/09/ | | | | | 9/2006 | | | | A | | 550 | A | \$75.69 | 20,185 | | I | | by Corporation | |
| Common Stock | | | | | | | | | | | | | | 1,722 | | D | | | |
| | | | Table II - | | | | | | | | | r Benefic e securiti | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | rcise (Month/Day/Year) of tive ty | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transactio Code (Instr 8) | | | | | | ate Securities Under | | nderlying ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivati Securiti Benefic Owned Followin Reporte Transac | ve es ially ng | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial) Ownership ct (Instr. 4) | |
| Explanation of Re | | | | | Code V | | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amount or Number of Shares | ber | |) | | | |

1. This nonemployee director has elected to defer all or a portion of compensation otherwise payable in cash to a common stock equivalents account under the terms of 3M's Director Compensation Plan and has no voting or investment powers with respect to such account. The indirectly-held common stock holding (by Corporation) reported in Table I includes deferred dividend reinvestment shares acquired pursuant to 3M's Director Compensation Plan.

> By: George Ann Biros For: Louis W Sullivan

05/10/2006

** Signature of Reporting Person

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 Number.