FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| (City) (State) | | Non-Derivativ | ve Securities A | cquired, D | isposed of, or Beneficia | lly Ow | ned | | | |
|--|-----------|---------------------------|-------------------|-------------------|--------------------------|--|--|--|------------------------------------|--|
| (City) (State) | (, | | | | | | | | | |
| · | (Zip) | | | | | | | | | |
| (Street) ST. PAUL MN | 55144-10 | | Amendment, Date c | of Original Fileo | (Month/Day/Year) | 6. Indivi X | Form filed by (| up Filing (Check) One Reporting Pe More than One Re | rson | |
| (Last) (First) 3M CENTER | (Middle) | | 05/03/2007 | | | | Officer (give title below) EXEC VP ENTERPRIS | | Other (specify below) E SVCS | |
| 1. Name and Address of Report <u>STAKE JAMES B</u> | <u>3M</u> | suer Name and Ticl | | | | ionship of Reporting Person(s all applicable) Director | | 10% Owner | | |

| | (Month/Day/Year | | | | if any (Month/Day/Year) | Code (li 8) | nstr. | | | | Beneficially Owned Following Reported | | ct Owi 4) | Ownership (Instr. 4) |
|--------------|-----------------|-----|--------------------------|-------|--------------------------------|----------------|-------|-------------------|---------------|-----------|--|--------|------------------|-------------------------|
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | ¢ | | 05/03/ | /2007 | | S | | 2,406 | D | \$83.7877 | 21,433 | D | | |
| Common Stock | ¢ | | | | | | | | | | 416 | Ι | | ke Family ists |
| Common Stock | c | | | | | | | | | | 1,895 | I | by 401 Tri | l k/PAESOP ist |
| Common Stock | ¢. | | | | | | | | | | 152 | Ι | by | Spouse |
| | | | Table II - Deri (e.g. | | Securities Ac calls, warran | | | | | | vned | | | |
| 4 7141 6 | | 0 T | A Desmand | 1 | C Number | - | | and the state and | 7 744 | | | Number | • | 44 Notice |

| 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
|--|---|--|---|---|---|--|-----|--|--------------------|--|-------------------------------------|---|------------------------------|--|---------------------------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |

Explanation of Responses:

Remarks:

The indirectly-held common stock holding (401k/PAESOP) reported in Table I includes shares acquired during the fiscal year pursuant to the 3M Voluntary Investment Plan. The directly-held common stock holding reported in Table I includes shares acquired during the fiscal year pursuant to 3M's General Employee Stock Purchase Plan.

> By: GeorgeAnn Biros For: James 05/04/2007 B Stake

** 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.

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