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

| 1. Name and Address of Reporting Person* RIDGWAY ROZANNE L | | | | | <u>3M</u> | Issuer Name and Ticker or Trading Symbol MCO [MMM] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | ck all applicab Director | Director | | 10% Owner | |
|--|--|------------------|--------|---|------------|--|---|--|----------------|---|----------------------|---|--|---|--|---|---------------------------|---|
| (Last) | (First) | (Mi | iddle) | | 08/13/2007 | | | | | | | | Officer (g below) | ive title | | , | Other (specify below) | |
| 2695 MARCEY ROAD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) ARLINGTON | VA | 22 | 207 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Dat | | | | Date (Month/Day/Year) | | Ex) if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Own Following Report | | 6. Owner Form: Dor Indire (Instr. 4 | Pirect (D) I ect (I) I | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock 08/13 | | | | | 3/2007 | | | | A | | 259(1) | A | \$86.79 | 48,795 | | I | | oy Corporation |
| Common Stock | | | | | | | | | | | | | | 2,576 | | D | | |
| 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) | 3. Transaction Date (Month/Day/Year) | Execution Date, | | 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 A Securities U Derivative S (Instr. 3 and | nderlying ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | ve ies ially ng ed | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| Explanation of Re | enoneoe: | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | (Instr. | | | | |

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

By: GeorgeAnn Biros For: 08/14/2007 Rozanne L. Ridgway

** 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.