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* SAUER BRAD T | | | | | 2. Issuer Name and Ticker or Trading Symbol 3M CO [MMM] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---------------|------------|----------|------------|---|---|---|---|---|-------------------------------------|---|---|-----------|---|---|---------------------------------------|---------------------|--|--|----------------------|
| (Last) 3M CENTER | (First) | (Mi | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2008 | | | | | | | | | Officer (gi below) EXE | ive title (| | bel | . , | |
| (Street) ST. PAUL (City) | MN (State) | 55 (Zi) | j144-100 | 00 | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | Date | ate //onth/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5 | | | 5. Amount of Securities Beneficially Owne Following Reporte Transaction(s) | | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | ď | Code | v | Amount | (A) or (D) | Price | | (Instr. 3 and 4) | | | | | |
| Common Stock | | | | 02/10/2008 | | | | | Α | | 25,227(1) | A | \$0 | | 40,054 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 1,059 | | I | - | by 401k/PAES Trust | SOP |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Security (Instr. 3) or Exercise (Month/Day/Year) if any | | | | n Date, | 4. Transact Code (In 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4 and 5) | | Ex _i | Date Exer piration I onth/Day | | 7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4) | | /ing | Derivative Security (Instr. 5) | Secur Bene Own Follo Repo | owing orted | 10. Owners Form: Direct or India (I) (Inst | D) Benefic Owners ect (Instr. 4 | rect cial ship |
| | | | | | Code | v | (A) (D) | | Da ^s Exc | te ercisable | Expiration Date | Title | or Nun | ount nber hares | | (Inst | saction(s) r. 4) | | | |

Explanation of Responses:

1. The number of units covered by the reporting person's grant of restricted stock units is estimated, based on the value of the grant (\$2,000,000) and a \$79.28 price per share. The final number of units will be determined on the effective date of the grant (March 3, 2008), using the fair market value of shares on that date.

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.

By: GeorgeAnn Biros For:
Bradley T Sauer

02/12/2008

** 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.