## FORM 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

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

Form 3 Holdings Reported.

ANNUAL 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934  Form 4 Transactions Reported. or Section 30(h) of the Investment Company Act of 1940																	
1. Name and Address of Reporting Person *  CAMPBELL PATRICK D				2. Issuer Name <b>and</b> 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	ddle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005						$\perp$	X Officer (give title Other (specify below) VICE PRESIDENT FINANCE & CFO						
(Street) ST. PAUL	· ·				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     Form filed by More than One Reporting Person						
(City)	(State)	(Zi <sub>l</sub>	p)														
		Та	ble I - Non-De	rivative S	ecurit	ies Acqu	ıired, Dis <sub>l</sub>	osed o	f, or	Benefici	ally O	wned					
1. Title of Security (Instr. 3)			2. Transaction Date	2A. Deemed Execution Date,		3. Transaction	4. Securities Acquired (A) or Disposed Of ( (Instr. 3, 4 and 5)				`	5. Amount of Securities		6. Owners Form: Dire	ct Indin	7. Nature of Indirect Beneficial	
			(Month/Day/Year)	if any (Month/Day/Year)		Code (Instr. 8)	Amount	(A)	A) or D)	Price		Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock <sup>(1)</sup>												14,300		D			
Common Stock <sup>(2)</sup>												556		I	by 401	k/PAESOP	
Common Stock <sup>(1)</sup>												1,887 I		I	by Spouse		
Common Stock <sup>(2)</sup>									1,549			I		by Spouse 401k/PA			
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)	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)	Dispos	tive	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Securities Under Derivative Secur 3 and 4)		erlying	of	9. Number of derivative Securities Beneficially Owned Following Reported	ative rities ficially ed wing	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercisable	Expiration Date	n Title	e	Amoun or Numbe of Shar	r	Transaction(s) (Instr. 4)				

## **Explanation of Responses:**

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

By: George Ann Biros For: Patrick 02/06/2006 D. Campbell

\*\* 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.