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* Kelly Michael A | | | | | | 2. Issuer Name and Ticker or Trading Symbol 3M CO [MMM] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | |
|---|--|-----|------------------------------|--|-------|---|-----|----------------------------------|---------------|---|---|--|-------------------------------------|---|---|---|---------------------------------------|------------|
| (Last) 3M CENTER | (First) | (Mi | iddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2009 | | | | | | | | Officer (g below) EXEC V | give title /P DISPLAY & | | Other (specify below) | |
| (Street) ST. PAUL | MN | 55 | 144-1000 | 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 | p) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | Execution (ay/Year) if any | | ecution Date, any | | | | s Acquired (A) or If (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reporte Transaction(s) | | | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 12/0 | | | | | /2009 | | | | F | | 695(1) | D | \$78.63 | 20,449 | | D | | |
| Common Stock | | | | | | | | | | | | | 3,154(2) | | I | | By 401k/paesop Trust | |
| | 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 Date Execution of Exercise Price of Derivative Security 3. Transaction Date Execution if any (Month/Day/Year) (Month/D | | | Date, Transacti Code (Ins | | | | | Expiration Date (Month/Day/Year) | | | 7. Title and Securities L Derivative S (Instr. 3 and | Inderlying Security | ing Derivative | | iber of ive ties cially ing ed | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |

Explanation of Responses:

- 1. Shares held in corporate custody as restricted shares and awarded under the applicable 3M Management Stock Ownership Program pursuant to Rule 16b-3(d) have been distributed to participant (including shares withheld for taxes) pursuant to the provisions of the Program.
- $2. \ Includes \ shares \ acquired \ during \ the \ fiscal \ year \ pursuant \ to \ the \ 3M \ Voluntary \ Investment \ Plan.$

George Ann Biros, attorney-in-fact for Michael A. Kelly

** 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.