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* Delgado Joaquin | | | | | | 2. Issuer Name and Ticker or Trading Symbol 3M CO [MMM] | | | | | | | | | 5. 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) 02/07/2011 | | | | | | | | | Officer (g below) | , | | Other (s below) resident | specify | |
| (Street) ST. PAUL (City) | MN (State) | 55 (Zij | 144-1000 p) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | dividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Та | ble I - No | n-Der | ivativ | e Se | curitie | s Acq | uired, l | Disp | osed of, | or E | Benefi | cially Ow | /ned | | | | | |
| Date | | | | | nsaction hh/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) | | Execution Date, if any | | | | | ties Acquired (A) or d Of (D) (Instr. 3, 4 a | | | nd 5) Securities Beneficial Following | | Form | : Direct (D) lirect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount (A) or (D) | | Price | Transactio (Instr. 3 and | | | | (Instr. 4) | | | | |
| Common Stock 02/0 | | | | | 07/201 | 1 | | | Α | | 980(1 | 1) | A | \$0 | 4,509 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Day if any (Month/Day/ | ate, | | 5. Number of Derivative Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5) | | ive ies ed (A) osed of | 6. Date Exercisable Expiration Date (Month/Day/Year) | | te | Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | | |

Explanation of Responses:

1. This transaction reflects the imminent delivery of 980 shares of 3M Common Stock earned as the result of the 2008 performance shares awarded to the reporting person under the 3M Performance Unit Plan. The number of shares to be withheld for taxes is still being determined. An amended filing will be done once the number of shares to be withheld for taxes is determined.

/s/ George Ann Biros, attorney-infact for Joaquin Delgado 02/09/2011

** 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.