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 * <u>LIDDY EDWARD M</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol 3M CO [MMM] | | | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|--|--|--|-------|--|--------|--|---------------------|---|--------|-----------------------|--|---|---|--|--|--|--|
| (Last) | (First) | (Mi | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2011 | | | | | | | | ive title | | | specify |
| 400 N. MICHIGAN AVENUE, SUITE 400 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | - 1 | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) CHICAGO | IL | 60 | 60611 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reportin | | | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Day/Year) Execution if any | | ecution I | ecution Date, ny | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and | | | | instr. 4) |
| Common Stock 11/14/ | | | | | | 4/2011 | | | A | | 400(1) | 00 ⁽¹⁾ A \$ | | 33,337(2) | | | | By Corporation |
| 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. Deeme Execution if any (Month/Day | Date, | 4. Fransaction Code (Instr. 3) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Y | | ate Securities Underl | | nderlying ecurity | 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 Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |

Explanation of Responses:

- 1. This non-employee director has elected to defer all or a portion of compensation otherwise payable in cash or stock to a common stock equivalents account under the terms of 3M's Compensation Plan for Non-employee Directors and has no voting or investment powers with respect to such account.
- $2. \ Includes \ acquisition \ of \ deferred \ dividend \ reinvestment \ shares \ pursuant \ to \ 3M's \ Compensation \ Plan \ for \ Non-Employee \ Directors.$

George Ann Biros, attorney-in-fact for Edward M. Liddy

** 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.