SEC Form 5

Ш

П

FORM 5

Form 3 Holdings Reported.

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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

ANNUAL STATEMENT OF CH	NGES 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

Form 4 Transac	ctions Reported	l.	I	or Sec			estment Cor			1934							
1. Name and Address of Reporting Person* SAUER BRAD T					2. Issuer Name and Ticker or Trading Symbol <u>3M CO</u> [MMM]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 3M CENTER				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011					x	Director Officer (giv below) EXE		10% Owner e Other (specify below) P HEALTH CARE		(specify			
(Street) ST. PAUL MN 55144-1000 (City) (State) (Zip)			4. If Amer	ndment,	Date of Ori	ginal Filed (M	lonth/Day/Y	ear)		6. Indiv X		by On	e Reportir	ng Person	cable Line) ng Person		
		Та	ble I - Non-De	rivative S	ecurit	ies Acqu	uired, Dis	posed of	, or B	Benefici	ally Ow	/ned					
1. Title of Security (Instr. 3) Date (Month/Day/Year)			2A. Deemed Execution Date, if any		3. Transaction Code (Instr.	4. Securities Acquired (A) or Disposed Of (Instr. 3, 4 and 5)			ໍ່ ຄ	5. Amount of Securities Beneficially Owned		Form: Direct		7. Nature of Indirect Beneficial			
			(month/bay/rear)	(Month/Day/Year)		8)	Amount	(A (D	.) or ')	Price	a F	at end of Issuer's Fiscal Year (Instr. 3 and 4)		(I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock 12/20/2011						G	24)	D	\$0		16,788		D			
Common Stock												1,468(1)		I		y)1k/paesop rust	
		•	Table II - Deriv (e.g.,	vative Sec puts, cal			, I	,				ed					
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, y (Instr. 3) or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)	Dispos	tive	or (D) d 5) Date Expiration Date		or N		erlying	lying ity (Instr. Security (Instr. 5) Amount or Number		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. Includes shares acquired during the fiscal year pursuant to the 3M Voluntary Investment Plan.

George Ann Biros, attorney-in-fact 01/12/2012 for Brad T. Sauer

Date

** Signature of Reporting Person

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.