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 * Meline David W					2. Issuer Name and 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	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/05/2013									ive title	Other (specify below) FINANCIAL OFCR		specify	
(Street) ST PAUL (City)	MN (State)	55 (Zi	144-1000 p)			4. If Amendment, Date of Original Filed (Month/Day/Year) 02/07/2013									ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	ble I - No	n-Der	ivative	e Se	ecuritie	s Acq	uired,	Disp	osed of,	or I	Benefi	cially Ow	ned					
1. Title of Security (Instr. 3) 2. Trans. Date					/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amount Securities Beneficial Following Transactio		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										v	Amount		(A) or (D)	Price	(Instr. 3 an				(Instr. 4)	
Common Stock 02/05						5/2013			A		11,928.72(1)		A	\$0	22,14	12.72	D			
Common Stock 02/05					05/2013				F		441.419(1)		D	\$101.49	21,701.301		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)	rative Conversion Date Execution Date, rity (Instr. 3) or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	ve ies ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title		Amount or Number of Shares	(Instr. 4)		5.1(5)			

Explanation of Responses:

1. On February 7, 2013, the reporting person reported the deferred receipt of a number of shares of 3M Common Stock earned as the result of the 2010 performance shares awarded to the reporting person under the 3M Long-Term Incentive Plan. The number of shares to be withheld for payment of FICA withholding taxes was unknown at that time. This amendment is being filed to update the Form 4 with the number of shares used for FICA withholding. Under the terms of the 3M Deferred Compensation Plan, the reporting person elected to defer receipt of these shares until after retirement. There are no voting or investment powers with respect to these shares.

/s/ George Ann Biros, attorney-infact for David W. Meline 02/19/2013

** 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.