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 * FARRELL W JAMES  |   |  |  |         | 2. Issuer Name <b>and</b> Ticker or Trading Symbol 3M CO [ MMM ] |  |  |       |   |        |                    |  |                                 | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |  |   |                       |  |   |  |
|--|---|--|--|---------|--|--|--|-------|---|--------|--------------------|--|---------------------------------|--|--|---|-----------------------|--|---|--|
| (Last)   | (First)   | ,  | (Middle)                                       |         |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2013  |       |   |        |                    |  |                                 |  |  | ve title  | Other (specify below) |  | specify   |  |
| 207 WESTMINSTER, SUITE 202   |   |  |  |         | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |       |   |        |                    |  |                                 | 6. Individual or Joint/Group Filing (Check Applicable Line)                                      |  |   |                       |  |   |  |
| (Street)  LAKE FORES   | ΓIL   | 60   | 60045  |         |  |  |  |       |   |        |                    |  |                                 |  | X Form filed by One Reporting Person  Form filed by More than One Reporting Person |   |                       |  |   |  |
| (City)   | (State)   | (Zi <sub>l</sub>                           | o)   |         |  |  |  |       |   |        |                    |  |                                 |  |  |   |                       |  |   |  |
|  |   | Та   | ble I - No                                     | on-Deri | ivativ   | Se   | curitie  | s Acc | uired   | , Dis  | posed of,          | or Bene  | ficially                        | Owi  | ned  |   |                       |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |   |  |  |         | Execu<br>Day/Year) if any  |  | A. Deemed<br>xecution Date,<br>any<br>lonth/Day/Year)  |       |   |        |                    | s Acquired (A) or<br>If (D) (Instr. 3, 4 and 5)                                |                                 | 5. Amount of<br>Securities<br>Beneficially O<br>Following Rep<br>Transaction(s                   |  | Owned Form:<br>or Ind<br>ported (Instr.   |                       | Direct (D) I<br>ect (I) I  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |
|  |   |  |  |         |  |  |  |       | Code  | v      | Amount             | (A) or<br>(D)  | Price                           |  | (Instr. 3 and 4)   |   |                       |  | (Instr. 4)  |  |
| Common Stock 05/14/  |   |  |  |         |  | 4/2013   |  |       |   |        | 1,317(1)           | A  | \$106.3                         | 31   | 12,477(2)  |   | I                     |  | By<br>Corporation                                   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |  |         |  |  |  |       |   |        |                    |  |                                 |  |  |   |                       |  |   |  |
| 1. Title of<br>Derivative<br>Security (Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date,   | ransaction<br>code (Instr.                                       |  | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |       | 6. Date Exercisabl<br>Expiration Date<br>(Month/Day/Year) |        | ate                | 7. Title and Amou<br>Securities Under<br>Derivative Securi<br>(Instr. 3 and 4) |                                 | ng Derivative  |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s |                       | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)               |  |
|  |   |  |  |         | Code   | v  | (A)  | (D)   | Date<br>Exerc   | isable | Expiration<br>Date | Title  | Amour<br>or<br>Numbe<br>of Shar | er   | (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 W. James Farrell

\*\* 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.