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	n 30(n) oi	ne inves	imeni C	ompany Act o	1940							
1. Name and Address of Reporting Person * THULIN INGE G					2. Issuer Name and Ticker or Trading Symbol 3M CO [ MMM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				3. Date of Earliest Transaction (Month/Day/Year)							X	X Director 10% Owner						
(Last)	(First)	(1	Middle)			7/201				,			X	Officer (g below)	ive title		Other below	(specify )
3M CENTER											Chairman, President & CEO							
(Street)					4. If A	Amendr	ment, Date	of Origin	al Filed	(Month/Day/\	'ear)		l .	lividual or Join		• .		,
ST. PAUL	MN	5	55144-100	0									X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(State	) (2	Zip)															
		Т	able I - N	lon-Deri	vativ	e Sec	curities	Acqui	ed, Di	sposed o	f, or Bene	ficia	lly O	wned				
Da			2. Transac Date (Month/Da	Execution Date,		Code	saction (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		Beneficially Ow Following Repo		Owned ported	orted (Instr. 4)	irect (D) Ir ct (I) B	7. Nature of ndirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common Stoc	k			10/27/2	2015			М		52,000	A	\$87	7.35	152,90	)5	D		
Common Stoc	k			10/27/2	2015			S		200	D	\$15	5.74	152,70	)5	D		
Common Stoc	k			10/27/2	2015			S		100	D	\$15	5.75	152,60	)5	D		
Common Stoc	k			10/27/2	2015			S		400	D	\$155	5.795	152,20	)5	D		
Common Stock			10/27/2015				S		200	D	D \$155.82		152,005		D			
Common Stock			10/27/2	2015					100	D \$15		5.83	151,905		D			
Common Stock			10/27/2	2015					100	D	\$15	155.84 151,805		)5	D			
Common Stock 10/			10/27/2	/2015			S	s 49,600		D	\$155.85		102,205		D			
Common Stock			10/27/2	2015					200	D	\$155.86		102,005		D			
Common Stock 10			10/27/2	0/27/2015			S	s 300		D	\$155.87		101,705		D			
Common Stoc	Common Stock 10/2				/2015			S	S 100		D	\$155.93		101,605		D		
Common Stock 10/2'				10/27/2	/2015			S	s 400		D	\$155.95		101,205		D		
Common Stock 10/27				10/27/2	2015			S		300	D	\$15	5.99	100,905	(1)(2)	D		
Common Stock												1,495	3)	I		By 401k/paesop Frust		
			Table II								or Benefic le securit		/ Owr	ned				
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/Da	Date, Transaction				of 6. I Ex (Mo		7. Title and Amo		Amoui Inderly	ying Derivative		9. Numl derivati Securiti Benefic Owned Followi Reporte	ive ies cially ng ed	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership ect (Instr. 4)
				Code	ode	v	(A) (D) Date Expiration Date	Expiration Date	Title	or Nu	nount ımber Shares	(Instr	Transad (Instr. 4	saction(s) . 4)				
Non-qualified Stock Option (Right to Buy)	\$87.35	10/27/2015			М		52,0	00 05	09/2007	05/09/2016	Common Stock	5	2,000	\$0	(		D	

## Explanation of Responses:

- 1. Includes shares acquired under 3M's General Employee Stock Purchase Plan.
- 2. Includes dividend share equivalents, accrued quarterly, pursuant to 3M's Deferred Compensation Plan.
- 3. Includes shares acquired pursuant to the 3M Voluntary Investment Plan.

/s/ Sheila B. Claugherty, attorney-10/28/2015 in-fact for Inge G. Thulin

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.