FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
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

Name and Address of Reporting Person*  Kent Ahmet Muhtar					<u>3M</u>	2. Issuer Name and Ticker or Trading Symbol 3M CO [ MMM ]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	(First)	(Mi	3. Date of Earliest Transaction (Month/Day/Year) 05/09/2017										Officer (g		Other (specify below)					
ONE COCA-COLA PLAZA					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ATLANTA	GA	30	313											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	n-Der	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	or E	Benefi	cially Ov	vned					
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)					es Acquired (A) or Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(50. 4)	
Common Stock 05/09					9/2017				A		14(1)		A	\$0	7,858				By Corporation	
Common Stock 05/09					09/2017				A		1,058(2)		A	\$0	8,916 <sup>(3)</sup>		I		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)	rivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			l. Fransaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		te Securities Under ear) Derivative Securi (Instr. 3 and 4)		derlying ecurity 1)	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ve les ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	on Title		Number of Shares						

## Explanation of Responses:

- 1. This reported transaction reflects an increase in the Annual Cash Retainer portion of the non-employee director compensation, effective January 1, 2017, that was approved by the Board of Directors on May 9, 2017.
- 2. 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.
- $3.\ Includes\ acquisition\ of\ deferred\ dividend\ reinvestment\ shares\ pursuant\ to\ 3M's\ Compensation\ Plan\ for\ Non-Employee\ Directors.$

/s/ Sheila B. Claugherty, attorneyin-fact for Muhtar Kent 05/10/2017

\*\* Signature of Reporting Person Da

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.