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* ESKEW MICHAEL L | | | | | 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) 11/13/2018 | | | | | | | | | Officer (g | give title | | | | | | |
| 3M CENTER | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) ST. PAUL | MN | 55 | 55144 | | | | | | | | | | | | | , | ng Person | | | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/D | | | | | Day/Year) Exec | | A. Deemed recution Date, any lonth/Day/Year) | | | | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Following R Transaction | Owned eported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Р | rice | 1,4,4,4 | | | | (50. 4) | |
| Common Stock 11/13 | | | | | | /13/2018 | | | A | | 225(1) | A \$0 | | \$ 0 | 39,007(2) | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | ate | 7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4) | | erlying urity | 8. Price of Derivative Security (Instr. 5) | 9. Num derivat Securit Benefic Owned Followi Report Transa | ive des cially ing | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| Evaluation of Do | | Code V | | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | 0 | mount r lumber f Shares | | (Instr. 4) | | | | | | |

- 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.

/s/ Sheila B. Claugherty, attorney-11/14/2018 in-fact for Michael L. Eskew

** 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.