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

| Name and Address of Reporting Person* Kent Ahmet Muhtar | | | | | | 2. Issuer Name and Ticker or Trading Symbol 3M CO [MMM] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|--|--|---|----------------------------|--|--|-------|--|-------|--|-----------------|-------|-------------------------------------|---|--|---|--|---|--|
| (Last) | (First) | (Mi | ddle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2019 | | | | | | | | | | Officer (g below) | ive title Oth | | Other (| | | |
| 3M CENTER | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) MAPLEWOOI |) MN | 55 | 55144 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi _l | o) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | | Execution I | | Date, | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | 5. Amount of Securities Beneficially Following Re Transaction(| Owned eported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) (D) | or | Price | (Instr. 3 and | | | | instr. 4) | |
| Common Stock 05/14/ | | | | | | 4/2019 | | | A | | 976.619 | 1) A | A \$0 | | 12,443.794(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) | 3A. Deeme Execution I if any (Month/Day | Date, | ransaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | ate | Securities Unde | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | (A) (D) | | Date Exerci | sable | Expiration Date | Title | | Amount or Number of Shares | | (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.
- $2. \ Includes \ acquisition \ of \ deferred \ dividend \ reinvestment \ shares \ pursuant \ to \ 3M's \ Compensation \ Plan \ for \ Non-Employee \ Directors.$

/s/ Sheila B. Claugherty, attorneyin-fact for Muhtar Kent 05/15/2019

** 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.