FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| • • • • • • • | | | nours per response. | 0.5 | |
|---------------|---|--|--|-----|--|
| Fil | ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | |
| | 2. Issuer Name and Ticker or Trading Symbol <u>3M CO</u> [MMM] | 5. Relationship of Rep (Check all applicable) Director | porting Person(s) to Issuer) 10% Ow | | |
| | 3 Date of Earliest Transaction (Month/Dav/Year) | Officers (site | | | |

| Lavers Jeffre | <u>ey R</u> | | <u>3M CO</u> [MMM] | Check | Director | 10% Owner | | |
|---------------|-------------|----------|---|----------|---|------------------------|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2020 | x | Officer (give title below) | Other (specify below) | | |
| 3M CENTER | | | | | Executive Vice President | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| (Street) | | | | X | Form filed by One Rep | orting Person | | |
| ST. PAUL | MN | 55144 | _ | | Form filed by More that | n One Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities A Of (D) (Instr. 3, | | A) or Disposed | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|---|---|--------------------------------------|---------------|----------------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 12/08/2020 | | М | | 6,219 | A | \$87.89 | 10,643.2297 | D | |
| Common Stock | 12/08/2020 | | S | | 6,219 | D | \$172.0902 | 4,424.2297(1) | D | |
| Common Stock | | | | | | | | 127(2) | D | |
| Common Stock | | | | | | | | 1,378 | Ι | By Spouse |

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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | Deriva Securi Acquii or Dis | ities red (A) posed (Instr. 3, | Expiration Date (Month/Day/Year) | | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | Owned | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Non-qualified Stock Option (Right to Buy) | \$87.89 | 12/08/2020 | | М | | | 6,219 | 02/07/2013 | 02/07/2022 | Common Stock | 6,219 | \$0 | 0 | D | |

Explanation of Responses:

1. Includes shares acquired under 3M's General Employee Stock Purchase Plan.

2. These shares are jointly owned with spouse.

/s/ Patricia L. Meagher, attorneyin-fact for Jeffrey R. Lavers 12/09/2020

** 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.

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