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* <u>Kent Ahmet Muhtar</u> | | | | | <u>3M</u> | 2. Issuer Name and Ticker or Trading Symbol 3M CO [MMM] | | | | | | | | ationship of R k all applicabl Director | , | | (s) to Issue 10% C | |
|--|--|-----|----------|-------------------|-----------|---|---|------|--|---|--|-------|---|--|--|--|---|------------|
| (Last) 3M CENTER | (First) | (Mi | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2023 | | | | | | | | Officer (give title below) | | Other (speci below) | |
| Street) | | | | | | 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 Form filed by More than One Reporting Person | | | | |
| MAPLEWOOI | O MN | 55 | 144 | | | | | | | | | | | i om me | u by Mon | e man c | ле героги | ng r erson |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month// | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount o Securities Beneficially Following Re | | 6. Owner Form: I or Indir (Instr. 4 | Direct (D) ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | | | (111311.4) | |
| Common Stock 01/27 | | | | | /2023 | | | | Α | | 341.26 | A | \$113.55 | 2,472.669(1) | | D | | |
| Common Stock | | | | | | | | | | | | | 18,380.991 ⁽²⁾ | | | | 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 I | | | Date, Transaction | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |

Explanation of Responses:

- 1. Includes acquisition of common stock dividend reinvestment shares pursuant to 3M's Compensation Plan for Non-Employee Directors.
- 2. Includes acquisition of deferred dividend reinvestment shares pursuant to 3M's Compensation Plan for Non-Employee Directors.

/s/ Patricia L. Meagher, attorneyin-fact for Muhtar Kent

01/27/2023 ** 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.