## Edgar Filing: 3M CO - Form 4

3M CO

Form 4										
August 13, 2015										
FORM 4									APPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB	3235-0287		
Check this box if no longer	Check this box if no longer						Expires:	January 31, 2005		
subject to Section 16.	STATEM	ENT OF CH	F CHANGES IN BENEFICIAL OWN SECURITIES				VNERSHIP O	Estimate	ed average	
Form 4 or		SECONTIES					burden h response	nours per e 0.5		
	Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section									
may continue.	Section 17(a	of the Public ( 30(h) of the	•	U	· ·	•		10 <b>n</b>		
See Instruction 1(b).				, compu						
(Print or Type Respon	ises)									
1. Name and Address	1. Name and Address of Reporting Person *2. Issuer Name and Ticker or Trading5. Relationship of Reporting Person(s) to									
HENKEL HERBERT L Symbol						8	Issuer			
		3M (	3M CO [MMM]				(Check all applicable)			
(Last) (I	First) (M		e of Earliest T h/Day/Year)	ransaction			X Director		10% Owner	
16964 VERONA	LANE		1/2015				Officer (gi below)		Other (specify	
			endment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Report						g Person				
NAPLES, FL 341	110						Form filed by Person	y More than One	e Reporting	
(City) (S	State) (2	Zip) T	able I - Non-	Derivative	Secur	ities A	cquired, Disposed	of, or Benefi	cially Owned	
(Instr. 3) any		Execution Date,	Code Disposed of (D)			Securities C Beneficially F Owned (1) Following In	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A) or	D :	Transaction(s) (Instr. 3 and 4)	()		
Common 08/1 Stock	1/2015		Code V A	Amount 235 (1)	. /	Price \$ 0		I	By Corporation	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2. Conversion	3. Transaction Date		4. Transact	5.		6. Date Exerc		7. Title		8. Price of	9. Nu Deriv
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	of Deriva Securi Acqui (A) or Dispo of (D) (Instr.	of (Month/Day/Year) Derivative Securities Acquired A) or Disposed			Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	' (A) (	` '	Date Exercisable	Expiration Date		Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
HENKEL HERBERT L 16964 VERONA LANE NAPLES, FL 34110	Х				
Signatures					
/s/ Sheila B. Claugherty, attorn	ey-in-fact	t for Herbert	L.		08/13/2015

Henkel

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

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).

This non-employee director has elected to defer all or a portion of compensation otherwise payable in cash or stock to a common stock (1) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.