

3M CO Reported by LOBEY JEAN

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/22/08 for the Period Ending 09/19/08

Address 3M CENTER

BLDG. 220-11W-02

ST PAUL, MN 55144-1000

Telephone 6517332204

CIK 0000066740

Symbol MMM

SIC Code 3841 - Surgical and Medical Instruments and Apparatus

Industry Constr. - Supplies & Fixtures

Sector Capital Goods

Fiscal Year 12/31





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

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

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 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *												ing		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Lobey Jean				3	3M CO [MMM]													
(Last)	(First)	(Mid	ldle)	3	3. Date of Earliest Transaction (MM/DD/YYYY) ——— Director								10%	Owner				
3M CENTER													below)	X Officer (give title below) Other (specify below) EXEC VP SFTY SEC & PROT SVCS				
	(Street)					Amendm DD/YYYY)		Dat	e C	Origina	l Fi	led		6. Individ Applicable L	ual or Joi			
ST. PAUL, M	(State)	4-1000 (Zip))		_ X _ Form filed by One Reporting F Form filed by More than One Re									on				
		Table 1	[- Non-l	Deriv	ativ	ve Secur	ities	Aco	qui	ired, I) Jisp	osec	d of, o	r Beneficiall	-		· r	
1.Title of Security (Instr. 3)				2. Trans. Date		2A. Deemed Execution Date, if	3. Tr	rans.		4. Securities Acquired (A) o Disposed of (D (Instr. 3, 4 and		or D)	5. Am Follov	ount of Securities	of Securities Beneficially Owned Reported Transaction(s)		Ownership Form: Direct (D)	Beneficial Ownership
					any		Cod	Code V		Amount	(A) or (D)	Price	,		or Indirect (I) (Instr. 4)		(Instr. 4)	
Common Stock				9/19/	2008		M			2306	A	\$0		7210	(1)		D	
Common Stock				6/10/	2008		G	Ι,	v	130	D	\$0		708	60		D	
Common Stock														472	472 ⁽²⁾		I	By 401k/paesop Trust
Tab	le II - De	rivative	Securiti	es Be	enef	icially O	wne	d (a	e.g.	. , put	s, ca	ılls,	warr	ants, options	, convert	ible secu	ırities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) of Disposed of (E) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			Sec De	curities	d Amount of Underlying Security d 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficial Owned Following Reported	Ownershi Form of Derivativ Security: Direct (D	Beneficial Ownership (Instr. 4)	
				Code	V ((A) (D)		Date Exerc	cisal	Exp ble Date	ratio	n Tit	le	Amount or Number of Shares		Transaction (s) (Instr. 4)	1 /	
Incentive Stock Option (Right to Buy)	\$43.35	9/19/2008		М		2306		5/9/2	2001	1 5/9/	2010		mmon tock	2306	\$0	0	D	

Explanation of Responses:

- (1) Includes shares acquired under 3M's General Employee Stock Purchase Plan; includes shares acquired under 3M's Dividend Reinvestment Plan.
- (2) Includes shares acquired during the fiscal year pursuant to the 3M Voluntary Investment Plan.

Reporting Owners

Panerting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Lobey Jean 3M CENTER			EXEC VP SFTY SEC & PROT SVCS					

ST. PAUL, MN 55144-1000		
Signatures		
George Ann Biros, attorney-in-fact for Jean Lobey	9/22/2008	

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).

** Signature of Reporting Person

** 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 control number.