

# 3M CO Reported by ZIEGLER RICHARD F

#### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 05/11/06 for the Period Ending 05/09/06

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



### 3M CO

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 5/11/2006 For Period Ending 5/9/2006

Address 3M CENTER BLDG. 220-11W-02

ST PAUL, Minnesota 55144-1000

Telephone 651-733-2204 CIK 0000066740

Industry Conglomerates
Sector Conglomerates

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 *				2.	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
ZIEGLER RI	CHARI	ΟF		3	M	CO [ N	1M	[M]							
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							or	_	10% O	wner
											X Office below)	er (give title	e below)	Othe	r (specify
3M CENTER					5/0/200Z							VICE PRESIDENT LEGAL			
	(Street)					Amendm OD/YYYY)		, Date Ori	iginal File	ed	6. Individu Applicable Li		nt/Group l	Filing (Che	eck
ST. PAUL, M	N 55144	<b>I-1000</b>													
(City) (State) (Zip)												X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Table	I - Non-								r Beneficially			ı	r
1.Title of Security (Instr. 3)				2. Tra	ans.	2A. Deemed Execution Date, if any	n Co	ode Anstr. 8) I	. Securities Acquired (A) Disposed of (Instr. 3, 4 an (A) or (D)	or Foll (Ins d 5)	mount of Securitie owing Reported T tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Tab	le II - Dei	rivative	Securiti	es Be	nef	icially O	wn	ed ( e.g. ,	puts, cal	ls, warr	ants, options,	convert	ible secur	rities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			Code	8)   I   S   A   I   (	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		(Instr. 5) So B O Fo	of derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)	
Non-Qualified Stock Option (right to buy)	\$87.35	5/9/2006		A		43000		5/9/2007	5/9/2016	Common Stock	43000	\$0	43000	D	

#### **Explanation of Responses:**

**Reporting Owners** 

reporting o where								
Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
ZIEGLER RICHARD F								
3M CENTER			VICE PRESIDENT LEGAL	,				
ST. PAUL, MN 55144-1000								

#### **Signatures**

By: George Ann Biros For: Richard F Ziegler 5/10/2006

\*\* 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 control number.