

3M CO Reported by IHLENFELD JAY V

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/12/04 for the Period Ending 05/11/04

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

ON OMB APPROVAL
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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 * | | | | | ssu | ier Name ai | nd Ti | icker o | r Tra | ading Sy | mbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-----------|---|---------------------------------|--|---|--------------|--|-------|--------------------|---|--|--------------------------------------|--|---|--|
| IHLENFELD J | JAY V | | | 3N | 1 (| CO [MM | [M] | l | | | | | | | | |
| (Last) | (First) | (Mid | dle) | 3. Г | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Director 10% Owner Officer (give title below) Other (specify below) | | | | |
| (Street) | | | | | 4. If Amendment, Date Original Filed | | | | | | | VICE PRESIDENT R&D 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | X Form filed b | | | g Person | |
| | | Tab | ole I - Noi | n-Deriv | ati | ive Securiti | ies A | cquire | ed, D | isposed | l of, or B | eneficially Ow | ned | | | |
| | | | 2. Trans Date | | | | . 8) | Acquired (A) or Followi | | | ount of Securities Beneficially Owned ring Reported Transaction(s) 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| , | Гable II - | Derivati | ive Secur | ities Be | ne | ficially Ow | ned | (e.g. , | puts | s, calls, | warrant | s, options, conv | vertible s | ecurities) | , | , |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any | 4. Trans. Code (Instr. 8) | | 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 Securities U Derivative (Instr. 3 and | Security | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | Transaction (s) (Instr. 4) | | |
| Non-Qualified Stock Option (right to buy) | \$84.4 | 5/11/2004 | | A | | 43714 | | 5/12/200 | 05 | 5/9/2014 | Common Stock | 43714 | \$0 | 43714 | D | |

Explanation of Responses:

Reporting Owners

| Depositing Overson Name / Address | Relationships | | | | | | | | |
|-----------------------------------|---------------|-----|-------|--------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% | Owner | Officer | Other | | | | |
| IHLENFELD JAY V | | | | | | | | | |
| | | | | VICE PRESIDENT R&D | | | | | |
| | | | | | | | | | |

Signatures

By: George Ann Biros For: Jay V. Ihlenfeld 5/11/2004

** Signature of Reporting Person

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.