SAUER BRAD T Form 4 February 16, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Washington, D.C. 20549 Number:

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading SAUER BRAD T Issuer Symbol 3M CO [MMM] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner _X__ Officer (give title . _ Other (specify 3M CENTER 02/14/2011 below) EXEC VP HEALTH CARE (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting ST. PAUL, MN 55144-1000 Person

(City)	(State)	(Zip) Tabl	e I - Non-D	Perivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired asaction(A) or Disposed of (D) e (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	02/14/2011		S	2,252 (1)	D	\$ 91.82	24,090	D	
Common Stock	02/14/2011		M	470 (1)	A	\$ 75.2	24,560	D	
Common Stock	02/14/2011		S	470 (1)	D	\$ 92	24,090	D	
Common Stock	02/14/2011		M	4,892 (1)	A	\$ 87.5	28,982	D	
Common Stock	02/14/2011		S	4,892 (1)	D	\$ 92	24,090	D	

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Common Stock	02/14/2011	M	5,599 (1)	A	\$ 88.65	29,689	D
Common Stock	02/14/2011	S	5,599 (1)	D	\$ 92	24,090	D

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.

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

D Se	Title of erivative ecurity nstr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number op for Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share
S	on-qualified tock Option Right to Buy)	\$ 75.2	02/14/2011		M	470 (1)	04/21/2006	05/06/2011	Common Stock	470
S	on-qualified tock Option Right to Buy)	\$ 87.5	02/14/2011		M	4,892 (1)	11/10/2006	05/06/2011	Common Stock	4,89
S	on-qualified tock Option Right to Buy)	\$ 88.65	02/14/2011		M	5,599 (1)	02/01/2008	05/06/2011	Common Stock	5,59

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SAUER BRAD T							

3M CENTER EXEC VP HEALTH CARE ST. PAUL, MN 55144-1000

Reporting Owners 2

Signatures

George Ann Biros, attorney-in-fact for Brad T.	02/16/201
Sauer	02/10/201

**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).
- (1) The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 11, 2011.

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.

Signatures 3