3M CO Form 4 November 09, 2016

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF CHANGES IN BURNEFICIAL OWNERSHIP OWNER

Expires: January 31, 2005

**OMB APPROVAL** 

STATEMENT OF CHANGES IN BENEFICIAL
Section 16.
Form 4 or
Form 5

Filed pursuant to Section 16(a) of the Securities Ex

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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 * ESKEW MICHAEL L			2. Issuer Name Symbol 3M CO [MM	and Ticker or Trading  M]	Issuer	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earlie	Date of Earliest Transaction		(Check all applicable)			
4505 CLUB DRIVE			(Month/Day/Yea 11/08/2016	ır)		e title 07% Owner Other (specify below)			
	(Street)		4. If Amendmen	t, Date Original	6. Individual or J	oint/Group Filing(Check			
ATLANTA	, GA 30319		Filed(Month/Day/	Year)		One Reporting Person  More than One Reporting			
(City)	(State)	(Zip)	Table I - N	on-Derivative Securities	Acquired, Disposed o	f, or Beneficially Owned			
1.Title of	2. Transaction	Date 2A. Deem	ed 3.	4. Securities	5. Amount of 6	. 7. Nature of			

		Table 1 - Non-Derivative Securities Acquired, Disposed of, or Deficienciany Owned							
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ties		5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	TransactionAcquired (A) or			Securities	Ownership	Indirect	
(Instr. 3)		any	Code Disposed of (D)		Beneficially	Form: Direct	Beneficial		
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
					( )		Reported	(Instr. 4)	
					(A)		Transaction(s)		
			C + V		or	ъ.	(Instr. 3 and 4)		
			Code V	Amount	(D)	Price			
Common Stock	11/08/2016		A	248 (1)	A	\$0	33,806 (2)	I	By Corporation

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

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SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: 3M CO - Form 4

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exerci Expiration Da		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Monus Day/Tear)	execution Date, if any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Y e		Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)		Expiration Date	Title Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b>F-</b>	Director	10% Owner	Officer	Other			
ESKEW MICHAEL L							
4505 CLUB DRIVE	X						
ATLANTA, GA 30319							

# **Signatures**

/s/ Sheila B. Claugherty, attorney-in-fact for Michael L.
Eskew 11/09/2016

\*\*Signature of Reporting Person

## **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 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.

Date

(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.

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