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3M CO Form 4 November 0	9, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number	3235-0287			
Check this box								Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							F	2005 ed average				
Section		SECURITIES							nours per			
Form 4 o Form 5								response	onse 0.5			
obligatio	$^{\rm ns}$ Section 17(a)	a) of the Public U					-					
may con	tinue.	30(h) of the I	•	•	- ·	•		.1011				
<i>See</i> Instr 1(b).	uction			Compu	.,							
(Print or Type	Responses)											
1. Name and Address of Reporting Person * 2. Issuer Name HENKEL HERBERT L Symbol				Iame and Ticker or Trading 5. Rel Issuer				Relationship of Reporting Person(s) to				
HEINKEL I) [MMM]				(Check all applicable)							
(Last)	(First) (M			Earliest Transaction			N					
			nth/Day/Year))8/2016			X_ Director 10% Owner Officer (give title Other (specify						
10704 VLN	2010				below) below)							
	endment, Date Original			6. Individual or Joint/Group Filing(Check								
Filed(Month/Day/Year) Applicable Line)												
X_Form filed by One Reporting Person												
NAPLES, FL 34110												
(City)	(State) (Zip) Tal	ole I - Non-I	Derivative	Secur	ities A	cquired, Disposed	l of, or Benefi	cially Owned			
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6.	7. Nature of			
Security		Execution Date, if					Securities	Ownership	Indirect			
(Instr. 3) any			Code Disposed of (D)				Beneficially	Form: Direct				
		(Month/Day/Year)	y/Year) (Instr. 8) (Instr. 3, 4 and 5)			5)	Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)			
					(1)		Reported	(Instr. 4)	(11511)			
					(A) or		Transaction(s)					
			Code V	Amount		Price	(Instr. 3 and 4)					
Common	11/08/2016		А	213 <u>(1)</u>	А	\$0	29,246 <u>(2)</u>	Ι	By			
Stock						, .			Corporation			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2. Conversion	3. Transaction Date		4. Transact	5.		6. Date Exerc		7. Title		8. Price of	9. Nu Doriy
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	(Instr. 8)	of Deriva Securi Acqui (A) or Dispo of (D) (Instr.	of Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	' (A) (` '	Date Exercisable	Expiration Date		Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HENKEL HERBERT L 16964 VERONA LANE NAPLES, FL 34110	Х							
Signatures								
	• • •	C TT 1 /	T					

/s/ Sheila B. Claugherty, attorney-in-fact for Herbert L. Henkel

**Signature of Reporting Person

11/09/2016 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).

This non-employee director has elected to defer all or a portion of compensation otherwise payable in cash or stock to a common stock (1) 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.

(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.