Edgar Filing: SAUER BRAD T - Form 4

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Form 4									
February 11	ЛЛ	~~.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				~~~~~~~~~~	-	PPROVAL	
	UNITED		CURITIES A Washington,			COMMISSION	NOMB Number:	3235-0287	
Check t if no lor subject Section Form 4	nger to STATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						January 31, 2005 average urs per . 0.5	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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							·		
(Print or Type	Responses)								
1. Name and Address of Reporting Person <u>*</u> SAUER BRAD T			2. Issuer Name and Ticker or Trading Symbol 3M CO [MMM]			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (3. Date of Earliest Transaction				ck all applicabl	e)	
3M CENTER			$\begin{array}{c} (101112) \\ 02/09/2010 \\ \hline \\ \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $			· · · · · · · · · · · · · · · · · · ·	give title Other (specify below) C VP HEALTH CARE		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			1	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
ST. PAUL	, MN 55144-1000					Person	More than One R	eporting	
(City)	(State)	(Zip)	Table I - Non-D	erivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	if Transaction Code	4. Securit Acquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	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)			
Reminder: Re	eport on a separate line	e for each class of	securities benefi	•	•	•			
						pond to the colle ained in this form		SEC 1474 (9-02)	

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securi
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ame or Nun of S
Restricted Stock Units	<u>(1)</u>	02/09/2010		А	10,163	(2)	(2)	Common Stock	10,
Non-qualified Stock Option (Right to Buy)	\$ 78.72	02/09/2010		А	50,166 (<u>3)</u>	02/09/2011	02/07/2020	Common Stock	50,

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SAUER BRAD T 3M CENTER ST. PAUL, MN 55144-1000			EXEC VP HEALTH CARE					
Signatures								
George Ann Biros, attorney-in Sauer	-fact for E	Brad T.	02/11/2010					
<u>**</u> Signature of Reporting	Person		Date					
Explanation of Poononooo								

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) Each restricted stock unit represents a contingent right to receive one share of 3M common stock.
- (2) The restricted stock units will vest in equal installments on each of the first three anniversaries of the grant date (2/9/2010).
- (3) This option becomes exercisable in equal installments on each of the first three anniversaries of the grant date (2/9/2010).

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.