| Form 5 February 07, 20 | 06 | | | | | | | | |
|--|----------|-----------|---|---|--------------------------|--------------------------|--|--|--|
| FORM | | | | | OMB AP | PROVAL | | | |
| Check this boy | UNITE | CD STATES | OMB Number: | 3235-0362 | | | | | |
| no longer subj | | | Expires: | January 31, 2005 | | | | | |
| to Section 16. Form 4 or Forn 5 obligations may continue. See Instruction | | NNUAL ST | Estimated a burden hour response | verage | | | | | |
| SectionFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934,1(b).Form 3 HoldingsForm 3 HoldingsSection 17(a) of the Public Utility Holding Company Act of 1935 or SectionReported30(h) of the Investment Company Act of 1940TransactionsReported | | | | | | | | | |
| 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 I Issuer | f Reporting Person(s) to | | | | |
| (Last) | (First) | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005 | (Check Director X Officer (give t | |) Owner r (specify | | | |
| 3M CENTER | | | | below) EXEC VF | below) P HEALTH CA | RE | | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joi | orting | | | | |
| | | | | (check | applicable line) | | | | |

ST. PAUL, MNÂ 55144-1000

SAUER BRAD T

X Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person

| (City) | (State) | (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
|--------------------------------------|---|--|---|---|--------------------|-----|--|--|--|--|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securi Acquired Disposed (Instr. 3, Amount | l (A) c l of (D |)) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 12/19/2005 | Â | G | 155 | D | \$0 | 12,370 | D | Â | | |
| Common Stock | Â | Â | Â | Â | Â | Â | 815 | I | by 401k/PAESOP Trust | | |

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.

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

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | |
|---|---|---|---|---|---------------------|--------------------|-------|--|---|--|
| | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| SAUER BRAD T 3M CENTER ST. PAUL, MN 55144-1000 | Â | Â | EXEC VP HEALTH CARE | Â | | | |
| Signatures | | | | | | | |
| By: George Ann Biros For: Brad Sauer | ey T | 01/2 | 4/2006 | | | | |
| **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).

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Remarks:

The indirectly-held common stock holding (401k/PAESOP) reported in Table I includes shares acquired

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.