# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty  | pe Response   | s)                                   |                            |                      |   |                 |   |  |                 |  |  |                                      |   |   |                       |
|---|---|--------------------------------------|----------------------------|----------------------|---|-----------------|---|--|-----------------|--|--|--------------------------------------|---|---|-----------------------|
| 1. Name and Address of Reporting Person* BLACKWELL JEAN S |   |                                      |                            |                      | 2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI] |                 |   |  |                 |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner   |                                      |   |   |                       |
| ,   | (Last) (First) (Middle) 500 JACKSON                                   |                                      |                            |                      | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2004   |                 |   |  |                 |  | X Officer (give title below) Other (specify below)  Chief Financial Officer  |                                      |   |   |                       |
| (Street)  |   |                                      |                            | 4. I                 | 4. If Amendment, Date Original Filed(Month/Day/Year)          |                 |   |  |                 |  | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person |                                      |   |   |                       |
| COLUM<br>(City  | BUS 4720  | (State)                              | (Zip)                      |                      |   |                 |   |  |                 |  |  |                                      |   |   |                       |
| ` •   |   | (State)                              |                            |                      |   | 1               |   | 1  |                 |  |  |                                      | Beneficially (  |   |                       |
|   |   | 2. Transaction Date (Month/Day/Year) | Year) Exe                  |                      | (Instr. 8)  |                 | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  |                 | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s) |  |                                      | Ownership of Form:  | Beneficial  |                       |
|   |   |                                      | (Mc                        | onth/Day/Year)       | Code  | V               | Amount  | (A)<br>or<br>(D)                                     | Price           | (Instr. 3 a  | str. 3 and 4)  |                                      | \ /   | Ownership<br>(Instr. 4)   |                       |
| Common  |   | 03/08/2004                           | 4                          |                      | F   |                 | 491   | D  | \$<br>53.31     | 17,570   |  |                                      | D   |   |                       |
|   |   |                                      | Tabl                       |                      | vative Securit  |                 | ed, D   | isposed o  | f, or Be        | eneficial  | •  |                                      | trol numbe  | •   |                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                                      | 3A. Deemed<br>Execution Da | emed<br>ion Date, if | 4.<br>Transaction<br>Code<br>(Instr. 8)                       | 5. 6. Number an |   | Date Exercisable and Expiration Date Month/Day/Year) |                 | 7. Ta  | itle and ount of lerlying urities tr. 3 and  | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirec | Ownersh<br>(Instr. 4) |
|   |   |                                      |                            |                      | Code V  | (A) (D)         | Date<br>Exe   |  | Expiration Date | on Title   | Amount<br>or<br>Number<br>of<br>Shares   |                                      |   |   |                       |

### **Reporting Owners**

| D 11 0 N 1  | Relationships |              |                         |       |  |  |  |
|---|---------------|--------------|-------------------------|-------|--|--|--|
| Reporting Owner Name / Address                    | Director      | 10%<br>Owner | Officer                 | Other |  |  |  |
| BLACKWELL JEAN S<br>500 JACKSON<br>COLUMBUS 47201 |               |              | Chief Financial Officer |       |  |  |  |

# **Signatures**

| Jean S. Blackwell                | 03/10/2004 |
|----------------------------------|------------|
| ***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).

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.