FORM 4

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

OMB APPROVAL
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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 Type Responses) 1. Name and Address of Reporting Person *- WILSON J LAWRENCE			2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner				
500 JACKSON	(First)	(Middle)	3. Date of Earliest 05/26/2005	Transactio	on (Mo	onth/Day	/Year)		Officer (give title below) Other (specify below)			elow)	
(Street) COLUMBUS 47201			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City)	(State)	(Zip)	Ta	ble I - Noi	n-Deri	ivative S	ecurities A	Acqui	quired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		(Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)			Beneficial Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 ar	3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common		05/26/2005		A		691	A S	\$ 0	19,914.0)242		D	
Reminder: Report o	n a separate line	for each class of secur Table II -	ities beneficially ow		Perso conta the fo	ons who ained in orm dis	o respon this forr plays a c	n are urrei	not requ ntly valid		ormation spond unlestrol number	s	1474 (9-02)
Reminder: Report o	a separate line	for each class of secur	ities beneficially ov		Perso	ons wh	o respon this forr	n are	not requ	ired to res	spond unles	s	1474 (9-02)
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D (1 0 N /		Relationships					
Reporting Owner Name / Address		Director	10% Owner	Officer	Other		
WILSON J LAWRENCE 500 JACKSON COLUMBUS 47201		X					

Signatures

David C. Wright Attorney-in-Fact, Power of Attorney	05/26/2005
**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.