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 Ty | pe Response | s) | | | | | | | | | | | | | | | |
|---|---|--|---------------|-------------------------------------|---|-------|--|---|---------------|----------------------|--|---|---|---|--|-------------------------|-------------|
| 1. Name and Address of Reporting Person * HUNT MARSHA L | | | | | 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 ST., M/C 60207 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2009 | | | | | | | X Officer (give title below) Other (specify below) VP-Corp. Controller | | | | | |
| (Street) COLUMBUS, IN 47201 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ Form fi | 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) | | | | | Table I - Non-Derivative Securities Acqu | | | | | | uired, Disp | uired, Disposed of, or Beneficially Owned | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | Exec | | (Instr. 8) | | 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) | | | of (D | Beneficia Reported | nt of Securities Illy Owned Following Transaction(s) | | 6. Ownership Form: | Beneficial | | |
| | | | | (Mor | nth/Day/Y | (ear) | | ode | V | Amoun | (A) or (D) | Price | (Instr. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | | 05/20/2009 | | | | ; | S | | 750 | D | \$ 33.5 | 0 22,122 | | | D | | |
| Common | | | | | | | | | | | 1,752. | | 3522 | | I | ESOT | |
| | | | | | | | | equire | cont the f | ained in form dis | n this fo splays a of, or Be | orm a a curr enefici | ently valid | uired to res OMB conf | ormation spond unle trol numbe | SS | 1474 (9-02) |
| 1. Title of | 2 | 3. Transactio | | | puts, call | | 5. | ts, op | | , conver ate Exer | | | Title and | 8 Price of | 9. Number | of 10. | 11. Natur |
| | Conversion or Exercise Price of Derivative Security | Date | Execution Day | tte, if Transaction Code (Instr. 8) | | | | and Expiration Date (Month/Day/Year) | | Aı Uı Se | mount of nderlying curities nstr. 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | hip of Indirect Beneficia Ownersh (Instr. 4) | | |
| | | | | | Code | V | (A) | (D) | Date Exe | | Expirati Date | on Ti | Amount or Number of Shares | | | | |

Reporting Owners

| P 4' 0 N / | Relationships | | | | | | | | |
|---|---------------|--------------|---------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| HUNT MARSHA L 500 JACKSON ST. M/C 60207 COLUMBUS, IN 47201 | | | VP-Corp. Controller | | | | | | |

Signatures

| Mark Sifferlen Attorney-in-Fact | 05/22/2009 | | |
|---------------------------------|------------|--|--|
| **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.