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 Type Responses) 1. Name and Address of Reporting Person * Di Leo Allen Bruno V			2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner				
(Last) (First) (Middle) 500 JACKSON STREET			3. Date of Earliest Transaction (Month/Day/Year) 05/14/2019					Office	r (give title belo	ow)(Other (specify b	elow)	
(Street) COLUMBUS, IN 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 Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficia					Beneficially (Owned				
1.Title of Security (Instr. 3)	/	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	(A	(A) or Disposed of (Instr. 3, 4 and 5)		f (D) Beneficia Reported		nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial
				Code	V A	mount	(A) or (D)	Price	(Instr. 3 ar	ina 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common		05/14/2019		A	90	06	A \$	0 8	6,942			D	
Reminder: Report	on a separate line t	for each class of secur	ities beneficially ow		Person contain	s who i	his forn	n are	not requ		formation spond unlest trol number	ss	1474 (9-02)
Reminder: Report	on a separate line t	Table II - I	Derivative Securiti	es Acquire	Person contain the forn	s who ned in the displayment of	this forn lays a co	n are urrer ficiall	not requ ntly valid	ired to res	spond unles	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3) 2. Conve Price of Executive Security Security	3. Transaction Date (Month/Day of ative	Table II - I (on 3A. Deemed Execution Date of Year)	Derivative Securities, puts, calls, wa 4. te, if Transaction Code (Instr. 8)	es Acquire rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Person contain the form ed, Dispo tions, co 6. Date and Exp (Month	s who is ded in the displayment of the displayment	chis form lays a co or Beneral ole securi able Date	ficiall ficial	not requ ntly valid	OMB cont	spond unles	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nation of Indirection Benefic Owners: (Instr. 4)
1. Title of 2. Derivative Security (Instr. 3) Price of Derivative Operiva	3. Transaction Date (Month/Day of ative	Table II - I (on 3A. Deemed Execution Date of Year)	Derivative Securities, puts, calls, wa 4. te, if Transaction Code (Instr. 8)	es Acquires rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D)	Person contain the form ed, Dispo tions, co 6. Date and Exp (Month	s who hed in the displayed of, nvertible Exercise in Tay/Ye	chis form lays a co or Benedele securi able Date ear)	n are urrer ficiall tities) 7. Ti Amo Undd Secu (Inst 4)	e not requently valid Ity Owned Itle and ount of erlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Owners! Form of Derivati Security Direct (1 or Indire s) (I)	11. Nat of Indin Benefit Owners (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Di Leo Allen Bruno V 500 JACKSON STREET COLUMBUS, IN 47201	X					

Signatures

/s/ Mark Sifferlen, Attorney-In-Fact	05/16/2019
**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.