## 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

to-Buy) Stock Option

(Rightto-Buy) Stock Option

(Rightto-Buy) Stock Option

(Rightto-Buy) \$ 114.13

\$ 119.77

\$ 120.28

#### 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

Instru	ction 1(b).			In	ves	tment	Coı	npany	Act o	f 194	0							
(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person * Smith Mark Andrew				2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]							ol	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 500 JACKSON STREET				3. Date of Earliest Transaction (Month/Day/Year) 03/01/2020							ear)		X_Officer (give title below) Other (specify below)  VP - Chief Financial Officer					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							y/Year)	6	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	BUS, IN 4	17201 (State)	(Zip)				<b></b>	T N.	ъ.		<u> </u>							4
		(2.00.0)	1										ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year						Code (Instr. 8)			A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial	f Indirect eneficial	
			(Month/Day/Year)						(A) or		(Instr. 3 and 4)			Direct (D) or Indirect (I)				
_							1	ode	_	mount	(D)	Price				(Instr. 4)		4
Common	1		03/01/2020					A	2,	,090		* -	6,846			D		4
Common 03/01/2020					F	603		03	11)	\$ 151.29	6,243		D					
			Table II -					d .cquired	isplay I, Dispe	s a cu	rrently , or Ben	valid ON	to respond IB control Owned		e form			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion	5.	ber vative rities ired r osed )	6. Date Expiral (Month	Exerc tion Da	isable a	of Und		es		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Benefici Ownersh (Instr. 4)	irec icia rshi
				Code	V	(A)	(D)	Date Exercis	sable	Expir Date	ration	Title	Amount or Number of Shares					
Stock Option (Right- to-Buy)	\$ 109.09							04/04	/2019	04/0	4/2026	Comm	on 4,360		4,360	D		
Stock Option (Right-	\$ 111.84							04/02	/2015	04/0	2/2023	Comm	on 770		770	D		

06/01/2019 06/01/2026 Common

05/02/2013 05/02/2021 Common

04/02/2014 04/02/2022 Common

970

528

590

970

528

590

D

D

D

Stock Option (Right- to-Buy)	\$ 136.82			04/02/2018	04/02/2025	Common	1,790	1,790	D	
Stock Option (Right- to-Buy)	\$ 149.34			04/02/2017	04/02/2024	Common	1,070	1,070	D	
Stock Option (Right- to-Buy)	\$ 149.72			04/03/2020	04/03/2027	Common	4,380	4,380	D	
Stock Option (Right- to-Buy)	\$ 160.1			04/03/2021	04/03/2028	Common	6,080	6,080	D	
Stock Option (Right- to-Buy)	\$ 163.43			04/04/2022	04/04/2029	Common	21,580	21,580	D	

### **Reporting Owners**

D (1 0 N /	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Smith Mark Andrew									
500 JACKSON STREET COLUMBUS, IN 47201			VP - Chief Financial Officer						

#### **Signatures**

/s/ Mark Sifferlen, Attorney-In-Fact	03/03/2020
**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).
- (1) Shares withheld to satisfy tax liabilities relating to earned performance shares.

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.