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 * NELSON GEORGIA R | | | | | 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 | | | | | |
| (Last) (First) (Middle) 500 JACKSON ST. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2020 | | | | | | Office | er (give title belo | ow) | Other (specify b | elow) | | |
| (Street) COLUMBUS, IN 47201 | | | 4. If | 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) | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Ye | Execution Execut | | | f Code (Instr. 8) | | (A) or Disposed of (Instr. 3, 4 and 5) | | | of (D) | | | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (IVIO | (Month/Day/Year) | | | ode | V | Amoun | (A) or (D) | Price | Ì | or (I) | | \ / | (Instr. 4) |
| Common | l | | 05/12/2020 | | | | 1 | A | | 982 | A | \$ 0 | 21,702. | 6488 (1) | | D | |
| Common | | | | | | | | | | | 1,977 | | | I | By Spouse | | |
| | | | Table 1 | | | | | quire | cont the f ed, Di | ained in orm dis sposed o | n this for splays a of, or Ben | rm ar curre ieficia | e not requently valid | OMB con | formation spond unleatrol number | ss | 1474 (9-02) |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Execution | ed Date, if | 4. Transac Code | tion | 5. | ative ities ired resed | 6. Da and 1 (Mon | ate Exerc Expirationth/Day/ | on Date | 7. T Am Und Sec (Ins 4) | Amount or Number of | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form of Derivati Security Direct (I or Indire | Beneficia Ownersh (Instr. 4) |
| | | | | | Code | v | (A) | (D) | | | | | Shares | | | | |

Reporting Owners

| B 41 0 Y 4 | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| NELSON GEORGIA R 500 JACKSON ST. COLUMBUS, IN 47201 | X | | | | | |

Signatures

| /s/ Mark Sifferlen, Attorney-In-Fact | 05/13/2020 | | |
|--------------------------------------|------------|--|--|
| **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) Includes 1,454.4430 dividend equivalent shares credited under the Cummins Inc. Deferred Compensation Plan for Non-Employee Directors since the most recently filed Form 4.

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.