FORM	4
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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).

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

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#### 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 Respon	ses)										
1. Name and Address of Reporting Person <sup>*</sup> HERMAN ALEXIS M			2. Issuer Name <b>and</b> Ticker or Trading Symbol CUMMINS INC [CMI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner		
(Last) 500 JACKSON	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/01/2004					Officer (give title below)	Other (specify l	below)	
COLUMBUS 472	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 Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction4. Securities AcquireCode(A) or Disposed of (I(Instr. 8)(Instr. 3, 4 and 5)			posed o		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. 7. Nature Ownership Form: Beneficial	
	(Month/Day/Y)		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common		12/01/2004		A <mark>(1)</mark>		14.3443	А	\$0	3,668.3238	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a.g., puts, collar, warrants, antians, convertible securities)

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of		3. Transaction		4.	5.			6. Date Exer			le and		9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	lumbe	er	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	f		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	eriva	tive			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	ecuri	ties			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				Α	cquir	ed			4)			Following	Direct (D)	
					(/	A) or							Reported	or Indirect	
					D	ispos	sed						Transaction(s)	(I)	
					o	f (D)							(Instr. 4)	(Instr. 4)	
					(I	nstr.	3,	3,							
					4,	, and	5)								
											Amount				
								Dete	E		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code V	/ (.	A)	(D)				Shares				

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
HERMAN ALEXIS M 500 JACKSON COLUMBUS 47201	Х							

### **Signatures**

David C. Wright Attorney-in-Fact, Power of Attorney	12/03/2004		
-**Signature of Reporting Person	Date		

# **Explanation of Responses:**

<sup>\*</sup> 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) Dividend equivalent shares credited under Deferred Compensation Plan for Non-Employee Directors.

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.