FORM 4

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

OMB APPR	OVAL				
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

(Fillit of Type Responses)										
1. Name and Address of Reporting I DARNALL ROBERT J		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) 500 JACKSON	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2007			Officer (give title below) Oth	her (specify below	w)			
(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 Beneficially Owned								
1.Title of Security (Instr. 3)	Date Execution Date, if Code (A) or Disposed of ((Month/Day/Year) any (Instr. 8) (Instr. 3, 4 and 5)		A. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		Transaction(s) Form		7. Nature of Indirect Beneficial			
		(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	03/01/2007		A ⁽¹⁾		22.3318	A	\$ 0	8,717.8623	D	
Reminder: Report on a separate line	for each class of securities be	eneficially owned dire		-		enond	to the	a collection of information contain	od SEC	1474 (9.02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 2. 3. Transaction 3A Deemed 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number of 10. 11. Nature Derivative Conversion Date Execution Date, if Transaction of Derivative **Expiration Date** of Underlying Derivative Derivative Ownership of Indirect Security or Exercise (Month/Day/Year) Code Securities (Month/Day/Year) Securities Security Securities Form of Beneficial (Instr. 3) Price of (Month/Day/Year) Acquired (A) (Instr. 3 and 4) (Instr. 5) Beneficially Derivative Ownership (Instr. 8) or Disposed Derivative Owned Security: (Instr. 4) Following Security of (D) Direct (D) (Instr. 3, 4, Reported or Indirect and 5) Transaction(s) (I) (Instr. 4) (Instr. 4) Amount Date Expiration Date Number Exercisable of (A) Shares Code Stock $A^{(2)}$ \$0 8.7558 03/01/2007 8.7558 03/01/2007 08/08/1988(3) Common \$0 8.7558 D Units

in this form are not required to respond unless the form displays

a currently valid OMB control number.

Reporting Owners

D 4 0 V 1	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DARNALL ROBERT J 500 JACKSON COLUMBUS, IN 47201	X					

Signatures

David C. Wright Attorney-in-Fact	03/05/2007		
**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) Dividend equivalent shares credited under Deferred Compensation Plan for Non-Employee Directors.
- (2) Dividend equivalents credited on stock units.
- (3) These units have no actual expiration date. A fictitious date was used to facilitate this filing.

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.
r oterital persons who are to respond to the confection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.