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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response...

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

1. Name and Address of Reporting Person* ROSE MARYA M					2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 500 JACKSON				3. Date of Earliest Transaction (Month/Day/Year) 03/26/2007						X Officer (give title below) Other (specify below) V.P General Counsel						
(Street) COLUMBUS, IN 47201			4. If A	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)		1	[able I -]	Non-I	Derivative	Secur	ities Acq	uired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)			Date (Month/Day/Year) a		Executio any	A. Deemed execution Date, if ny Month/Day/Year)			4. Securities Acquired (or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4)		Following	Form: Direct (D)	Beneficial Ownership
							Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Commor	1		03/26/2	2007			S		1,100	D	\$ 149.08	76 3,928			D	
Common	ı											837			I	ESOT
				Table II -			ities Acq	th	e form di	splay	s a curr	•		spond unle trol numbe		
		3. Transaction Date (Month/Day/Year)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	ay/Year)	BA. Deemed Execution D any (Month/Day	ate, if	ransaction Code	5.	6. ar (I)	ns, conver Date Exe and Expirati Month/Day	rcisabl ion Da	le 7. hte Ar Ur Se	•		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Beneficia Ownershi y: (Instr. 4)

ľ	D (O N /	Relationships						
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
	ROSE MARYA M 500 JACKSON COLUMBUS, IN 47201			V.P General Counsel				

Signatures

David C. Wright Attorney-in-Fact	03/27/2007
**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).

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.