FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
nours per response	e 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

1. Name and Address of Reporting Person *- WARE CARL			2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner				
500 JACKSON	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2007			-	Office	r (give title belo	ow)	Other (specify b	elow)		
(Street) COLUMBUS, IN 47201			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				Acquir	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Followi Reported Transaction(s) (Instr. 3 and 4)		Following n(s)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				Code	V	Amount	(A) or (D)	Price		(I)			(Instr. 4)
Common		05/15/2007		A		907.913	4 A	\$ 0	5,065.1	656		D	
					cont	tained in	this for	n are	not requ		spond unle	ss	1474 (9-02)
			Derivative Securit (e.g., puts, calls, w	-	the f	tained in form disp	this for lays a c	m are curren	not requ tly valid	uired to res		ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3) Price of Derivat Security	cise (Month/Da	ay/Year) 3A. Deemed Execution Da		arrants, o	the f	tained in form disp	this formulays a color or Benerole secur sable Date	eficially ities) 7. Tit Amou Unde Secur	not required the valid y Owned the and unt of orlying	OMB conf	spond unle trol numbe	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nature of Indirection of Indirec

D (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WARE CARL 500 JACKSON COLUMBUS, IN 47201	X					

Signatures

David C. Wright, Attorney-in	ı-Fact	05/16/2007
**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.