FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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).

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	5)												
1. Name and Address of Reporting Person* HUNT MARSHA L			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 ST., M/C 60207			3. Date of Earlies 11/06/2007	3. Date of Earliest Transaction (Month/Day/Year) 11/06/2007					X_Officer (give title below) Other (specify below) VP-Corp. Controller					
(Street) COLUMBUS, IN 47201			4. If Amendment, Date Original Filed(Month/Day/Year)					ar)	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)		if Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)				Beneficial
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	o. (I		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Commor	1		11/06/2007		S		800	D	\$ 123.53	8,562			D	
Commor	ı									747.896	51		I	ESOT
						con	itained ii	n this t	form are	not requ	ction of inf			1474 (9-02)
			Table II -	- Derivative Securi		red, I	Disposed (of, or B	Seneficial	-	OMB cont			

Reporting Owners

P 4' 0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HUNT MARSHA L 500 JACKSON ST. M/C 60207 COLUMBUS, IN 47201			VP-Corp. Controller				

Signatures

David C. Wright Attorney-in-Fact	11/06/2007		
**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.