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

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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

1. Name and Address of Reporting Person * WARE CARL		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						
500 JACKSON				3. Date of Earliest Transaction (Month/Day/Year) 11/30/2007				_	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) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Т	Table I - Non-Derivative Securities Acqu				cquire	lired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr. 8)	(A)	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		D) E	Beneficially Ov Reported Trans		Following	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
			(Wolldi/Day/Teal	Code	V Am	ount (A)		(Instr. 3 and 4)			` /	(Instr. 4)	
Common		11/30/2007		A(1)	10.	9986 A	\$	0 5	5,097.5	576		D	
	a separate line	for each class of secu	nrities beneficially o	wned direc	Persons containe	who resp	form	are n	not requ		spond unle	ss	1474 (9-02)
	a separate line		Derivative Securit	ties Acquir	Persons containe the form	who resp d in this displays	form a a cur Benefic	are n rrent	not requ tly valid	ired to res		ss	1474 (9-02)
	3. Transaction Date (Month/Day	ion 3A. Deemec Execution D any	Derivative Securit (e.g., puts, calls, w	ties Acquir arrants, o	Persons contained the form red, Disposotions, con 6. Date E and Expi (Month/I	who resp d in this displays	form a cur Benefic ecuritic 7 A U S (1 4	are n rrentl cially ies) 7. Title Amoun Underl Securit (Instr.	not required to the total representation of the total repr	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nat of Indin Benefic Owners (Instr. 4

Reporting Owners

D. C. O. N. /		Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
WARE CARL								
500 JACKSON	X							
COLUMBUS, IN 47201								

Signatures

David C. Wright, Attorney-in-Fact	12/03/2007
**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.

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.