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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|--------------------------|----------------|---|--|------------|---------|---|---|-----|------------------|---|--|--|--------------------------------------|---|-----------|--|---|
| 1. Name and Address of Reporting Person * Freeland Richard Joseph | | | | | 2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) 500 JACKSON | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2008 | | | | | | | | X Officer (give title below) Other (specify below) VP, Pres-WW Dist Business | | | | | | | |
| (Street) COLUMBUS, IN 47201 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6 | 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 Acqui | | | | | | | cquir | red, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | Date | nsaction th/Day/Year) | Execut any | eemed tion Date, if | if | (Instr. 8) | | or Disposed of (D) (Instr. 3, 4 and 5) | | | (D) | Beneficia | | unt of Securities ially Owned Following d Transaction(s) | | Ownership Form: | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | (IVIOIII | 11/Day/10 | ar) | Code | V | Amou | nt | (A) or (D) | Pr | rice | · · · | | | or l | | (Instr. 4) |
| Common 03 | | 03/03 | /2008 | | | | S | | 15,00 | 00 | D | \$ 50.4 | 4145 | 79,028 | | | D | | | |
| Common | | | | | | | | | | | | | | 1,023.337 | | I |] | ESOT | | |
| | | | | Table II | - Deriv | ative Sec | urit | ies Acq | th | e form | dis | plays | s a cı | urren | tly valid | uired to res | | | | |
| 1. Title of | 2 | 3. Transact | tion | 3A. Deemed | (e.g.,] | outs, calls | s, wa | | optio | | ert | tible s | ecuri | ties) | le and | | 9. Number | of | 10. | 11. Natur |
| Derivative Security | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | | Execution Date | | e, if Transaction Code ear) (Instr. 8) | | | | and Expiration Date (Month/Day/Year) | | | e | Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | y n(s) | Ownersh Form of Derivativ Security: Direct (D or Indirect | of Indirect Beneficia Ownersh (Instr. 4) |
| | | | | | | Code | V | (A) (| | Date Exercisab | | Expira Date | ation | Title | Amount or Number of Shares | | | | | |
| Renor | ting () | wners | | | | | | | | | | | | | | | | | | |

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| D 41 0 N 4 | Relationships | | | | | | | | |
|--|---------------|--------------|---------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| Freeland Richard Joseph 500 JACKSON COLUMBUS, IN 47201 | | | VP, Pres-WW Dist Business | | | | | | |

Signatures

| /s/ David C. Wright | 03/04/2008 |
|---------------------------------|------------|
| **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.