

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

OMB APPROVAL				
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Estimated average burden				
nours per respons	se 0.5			

INITIAL STATEMENT OF 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 Type Responses)							
Name and Address of Reporting Person* Ward Pat	2. Date of Event Requiring Statement (Month/Day/Year) 05/13/2008		3. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]				
(Last) (First) (Middle) 500 JACKSON			4. Relationship of Reporting Person(s) to Issuer			endment, Date Original nth/Day/Year)	
(Street) COLUMBUS, IN 47201			Director X Officer (give tit below)	all applicable) == 10% Owne le Other (specification) f Financial Office	Applicable X_Form f	dual or Joint/Group Filing(Check Line) iled by One Reporting Person iled by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)		2. Amount of Se Beneficially Ow (Instr. 4)	ned		4. Nature of Indire (Instr. 5)	ect Beneficial Ownership	
Common		7,600		D			
Common	226.18			I	ESOT		
Reminder: Report on a separate line for each class Persons who respondences the form disp Table II - Derivative	nd to the collection	on of information	on contained in t trol number.		·		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of		4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expirat Exercisable Date	Title Amour	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)		
Reporting Owners							

Panarting Owner Name /	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Ward Pat 500 JACKSON COLUMBUS, IN 47201			VP - Chief Financial Officer	

Signatures

David C. Wright, Attorney-in-Fact	05/28/2008
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.