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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|------------------|--------------|---|---|------------|-----|--|--|----------------------------|------------------|---|---|--|---|--|--------------------------------------|-------------|
| 1. Name and Address of Reporting Person* HUNT MARSHA L | | | | 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 ST., M/C 60207 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2008 | | | | | | | | X Officer (give title below) Other (specify below) VP-Corp. Controller | | | | | |
| (Street) COLUMBUS, IN 47201 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6 | 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 | | | | | | | cquir | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | Exec | Deemed ution Date | , if | (Instr. 8) | | 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5) | | (D) Beneficial Reported | | nt of Securities Illy Owned Following Transaction(s) | | 6. Ownership Form: | Beneficial | | | |
| | | | | (Mor | nth/Day/Ye | ear) | Co | de | V | Amoun | (A) or (D) | Pr | rice | or India (I) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Commor | 1 | | 08/15/2008 | | | | S | | | 1,200 | D | \$ 69 | 0.96 | 23,427 | ,427 | | D | |
| Common | ommon | | | | | | | | | | | 1,752.3 | | 5522 | | I | ESOT | |
| | | | | | ative Secu | | | quire | cont the f d, Di | ained in form dis | n this is splays | form a cu senefi | are urren icially | not requ tly valid | | ormation spond unle rol numbe | ss | 1474 (9-02) |
| 1 Tid C | l _a | 2 | | (e.g., p | outs, calls, | | | s, op | | | | | | 1 | 0 D.: f | 0. M | of 10. | 11 N-6- |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | ive (Month/Day/Y | Execution Da | , | Transactio Code | | | ative ities red sed 3, | and Expiration Date (Month/Day/Year) U S (I | | | Amou Unde Secur | . 3 and | Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form o Derivat Securit Direct (or Indi | f Benefici Ownersh (Instr. 4) D) ect | |
| | | | | | Code | V (| (A) | (D) | Date Exer | | Expirat Date | tion , | Title | Amount or Number of Shares | | | | |

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 | 08/16/2008 | | |
|----------------------------------|------------|--|--|
| **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.