## FORM 4

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

OMB APPROVAL
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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

	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. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
500 JACKSON ST., M/C 60207			3. Date of Earliest Transaction (Month/Day/Year) 11/11/2008						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. 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 S (Instr. 3)	Title of Security  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)				1 5. Amount of Securities 1) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership	
			(Monul Day Tear)	Code	V An		(A) or (D)	Price	(IIIsti. 3 a	iiu +)			(Instr. 4)	
Commor	1		11/11/2008		S	75	0   I		\$ 22	22,677			D	
Common	1									1,752.35	522		I	ESOT
						Parenne			A +A 1	the coller				
			Table II - I	Derivative Securiti		containe the form	d in th	nis form ays a c	n are	not requesting ntly valid	ired to res	ormation pond unle rol numbe	ss	1474 (9-02)

#### **Reporting Owners**

P. 41 O. N. 4	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	11/11/2008
**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.