

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

OMB APPROVAL				
OMB Number:	3235-0104			
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 * Talaulicar Anant	2. Date of Event Statement (Mon 03/01/2010			3. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]				
(Last) (First) (Middle) 500 JACKSON STREET	03/01/2010	03/01/2010		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X_Officer (give title below) VP & President - Components		endment, Date Original th/Day/Year)		
(Street) COLUMBUS, IN 47201						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)		ļ-			ve Securities Beneficially Owned			
1.Title of Security (Instr. 4)		2. Amount of Securiti Beneficially Owned (Instr. 4)			4. Nature of Indire (Instr. 5)	Nature of Indirect Beneficial Ownership		
Common		27,095		D				
Common	Common 2,417.79			I	ESOT			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	Date Exercisable 3. Title and A Securities Un		4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Expira Exercisable Date	Title Amou Shares	ant or Number of	Security	(D) or Indirect (I) (Instr. 5)			
Reporting Owners								
	D.I.	· · · · · · · · · · · ·						

Donouting Owner Name /	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Talaulicar Anant 500 JACKSON STREET COLUMBUS, IN 47201			VP & President - Components	

Signatures

/s/ Mark Sifferlen, Attorney-In-Fact	03/03/2010
**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.