FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 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

| Name and Address of Reporting Person * Bernhard Robert J | | 2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | | | | |
|---|-------------------------|--|--|--|---|---|--|---|--|---|---|---|---|
| (Last) (First) (Middle) 500 JACKSON STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2012 | | | | | | | | | | |
| (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, Dis | | | | ired, Dispo | osed of, or I | Beneficially (| D wned | | | |
| 1.Title of Security (Instr. 3) | I | 2. Transaction Date [Month/Day/Year) | 2A. Deemed Execution Date, if any | Code (Instr. 8) | (| (A) or Disposed of (Instr. 3, 4 and 5) | | (D) Beneficially Reported T | | t of Securities ly Owned Following Transaction(s) | | 6. Ownership Form: | Beneficial |
| | | | (Month/Day/Year) | Code | V | Amount | (A) or (D) | Price | (Instr. 3 and | nd 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | (| 05/10/2012 | | A | Ģ | 967 | A 5 | 0 8 | 7,073 | | | D | |
| | | each class of secur | | | contai | ned in | this forn | n are | not requ | | ormation spond unlestrol number | s | 1474 (9-02) |
| | | | Derivative Securiti | | contai the for | ned in m disp | this form | n are urrer | not requ ntly valid | ired to res | spond unles | s | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) Conversio or Exercis Price of Derivative Security | e (Month/Day/Ye | Table II - I (a 3A. Deemed Execution Date any | e.g., puts, calls, wa 4. te, if Transaction Code Year) (Instr. 8) | es Acquire, rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | contai the for ed, Disp tions, c 6. Date and Ex (Montl | ned in m disp osed of | this form plays a c f, or Bene ble securi sable n Date | ficiall ficiall ficiall ficiall 7. Ti Amo Undo Secu | not requ ntly valid | OMB conf | spond unles trol number | f 10. Owners Form of Derivati Security Direct (or Indire | 11. Natur of Indire Benefici (Instr. 4) |
| Derivative Security (Instr. 3) Conversio or Exercis Price of Derivative | n Date (Month/Day/Ye | Table II - I (a 3A. Deemed Execution Date any | e.g., puts, calls, wa 4. te, if Transaction Code (Year) (Instr. 8) | es Acquire rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D) | contai the for ed, Disp tions, c 6. Date and Ex (Montal | ned in rm disp posed of onvertile Exerci piration h/Day/Y | this formolays a c f, or Beneble securi sable 1 Date Vear) | n are urrer ficiall fities) 7. Ti Amc Undo Secu (Inst 4) | e not requently valid ly Owned itle and ount of erlying urities | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(| f 10. Owners Form of Derivati Security Direct (or Indirects) | 11. Natur of Indire Benefici (Instr. 4) |

| D 4 0 N / | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Bernhard Robert J 500 JACKSON STREET COLUMBUS, IN 47201 | X | | | | | |

Signatures

| /s/ Mark Sifferlen, Attorney-In-Fact | 05/14/2012 |
|--------------------------------------|------------|
| **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.