# FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
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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).

(Print or Type Responses)

#### 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

1. Name and Address of Reporting Person * Talaulicar Anant				2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) (Middle) 500 JACKSON STREET				3. Date of Earliest Transaction (Month/Day/Year) 04/02/2013								X Officer (give title below) Other (specify below)  VP & President - Components							
COLUM	DUC DIA	(Street)		4. If An	nendn	nent, Da	te Ori	iginal Fil	ed(Mon	th/Day/Y	ear)		_X_ Fo	rm filed by (	One Reporting F	Filing(Check a Person Reporting Person	Applicable Li	ne)	
(Cit	BUS, IN 4	(State)	(Zip)					T N	D .	. c	•,•			. 1	c D (	* * 11 0	,		
			2. Transaction	24 0				ransactio						-		icially Owne	<b>a</b> 5.	7.	Tatana
1.Title of Security (Instr. 3)			Date (Month/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if	Code (Instr. 8)		(A	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D) Ow Tra		5. Amount of Securities Beneficially Owned Following Reported Fransaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Co	Code V		Amount (D)		Price				(	Instr. 4)		
Common	1												19,8	14			D		
Common					20.02 (1)				]	Í	By 401(k) Plan								
Reminder:	Report on a s	separate line for each	n class of securities b	peneficia	lly ov	wned dire	ectly	Per in t	rsons this fo	rm are		quired	l to re	spond ι		on containe form displa		147	4 (9-02)
			Table II								or Benefi e securit		Owne	d					
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	,	4. 5. Nt Transaction of Do Code Secu (Instr. 8) Acqu or Di of (C (Instr.		5. Numb	Expiration (Month/D sposed ) 3, 4,		Exerci			7. Title and Amoun of Underlying Securities (Instr. 3 and 4)		ng		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Owners Form o Derivat Securit Direct o or India	ship of tive y: (D) rect	(Instr. 4)
				Code	V	(A)	(D)	Date Exercis	able	Expira Date	ation	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	(Instr. 4)	
Stock Option (Right- to-Buy)	\$ 111.84	04/02/2013		A		11,450		04/02/	/2015	04/02	2/2023	Com	mon	11,450	\$ 0	11,450	D		
Stock Option (Right- to-Buy)	\$ 58.115							03/01/	/2012	03/03	1/2020	Com	mon	7,630		7,630	D		
Stock Option (Right- to-Buy)	\$ 120.28							04/02/	/2014	04/02	2/2022	Com	mon	7,350		7,350	D		
Stock Option (Right- to-Buy)	\$ 119.77							05/02/	/2013	05/02	2/2021	Com	mon	6,520		6,520	D		

# **Reporting Owners**

	Relationships						
Reporting Owner Name /	Director	10% Owner	Officer	Other			
Address							

	VP & President - Components		Talaulicar Anant 500 JACKSON STREET COLUMBUS, IN 47201
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### **Signatures**

/s/ Mark Sifferlen, Attorney-In-Fact	04/03/2013
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).
- The number of shares is based on the dollar value of the reporting person's interest in the Cummins Stock Fund under the Company's 401(k) plan as most recently provided by the plan. The (1) actual number of shares underlying the interest is not known since the Cummins Stock Fund is a unitized account consisting of approximately 98% common stock and 2% cash or cash equivalents.

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.