FORM	5
------	---

Check this box if no longer
subject to Section 16. Form 4
or Form 5 obligations may
continue. See Instruction 1(b).
Form 3 Holdings Reported

Form 4 Transactions

Reported

Г

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

ANNUAL 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 LINEBARGER N		2. Issuer Name and CUMMINS INC		ng Symbo	1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 500 JACKSON S	(First)	3. Statement for Issa (Month/Day/Year) 12/31/2014	uer's Fiscal Yea	r Ended		X_Officer (give title below) Other (specify below) Chairman & CEO					
	(Street)						6. Individual or Joint/Group Reporting (check applicable line)				
COLUMBUS, IN	47201						_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 Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common		06/09/2014		G	7,782 (<u>1)</u>	А	\$ 0	51,424	D		
Common		11/18/2014		G	0 <u>(2)</u>	D	\$0	59,989	D		
Common		06/09/2014		G	7,782 (1)	D	\$ 0	27,876	Ι	By Spouse	
Common		11/18/2014		G	1,736 (2)	D	\$ 0	26,140	Ι	By Spouse	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this 5EC 2270 (9-02) form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exercisable		7. Title and		8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Number and Expiration Date A		Amount of		Derivative	of	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code	of (Month/Day/Year) U		Unde	rlying	Security	Derivative	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	rivative		Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Secur	Securities ((Instr. 3 and		Beneficially	Security:	(Instr. 4)		
	Security				Acqui	Acquired 4		4)				Direct (D)		
					~ /	(A) or							or Indirect	
					Disposed								(I)	
					of (D)							Fiscal Year	(Instr. 4)	
					(Instr. 3,							(Instr. 4)		
					4, and 5)									
										Amount				
							Date	Expiration		or				
							Exercisable	*	Title	Number				
							Excicisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
LINEBARGER NORMAN THOMAS 500 JACKSON STREET COLUMBUS, IN 47201	Х		Chairman & CEO					

Signatures

**Signature of Reporting Person

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).
- (1) This gift was inadvertently omitted from the original Form 5 filing.
- (2) This gift was incorrectly reported on the original Form 5 filing as a gift from the reporting person's directly owned shares.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.