FORM 4	1
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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

(Print or Type Responses)													
1. Name and Address of F Osowick Mark J	2. Issuer Name an CUMMINS INC		Tradi	ing Symbo	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
500 JACKSON STR	(First) EET		3. Date of Earliest Transaction (Month/Day/Year) X Officer (give title below) Other (specify below) 03/06/2015 VP - Human Resources Op.								ow)		
COLUMBUS, IN 47	4. If Amendment, Date Original Filed(Month/Day/Year) 2. Form filed by One Reporting Person Form filed by More than One Reporting Person								ine)				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquirate						uired, 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)	(Instr. 8)	-	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Amount (D) Price		of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership		
Common		03/06/2015		А		144	А	\$0	5,167.706 (1)	D			
Common		03/06/2015		F <mark>(2)</mark>		54	D	\$ 142.23	5,113.706	D			
Common									1,243.28 (3)	Ι	By 401(k) Plan		

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 SEC 1474 (9-02) in this 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)														
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion)	5.	ber vative rities ired or osed)) :. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and of Underlyi Securities (Instr. 3 and	ng	Derivative Security	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right- to-Buy)	\$ 120.28							04/02/2015	04/02/2022	Common	370		370	D	
Stock Option (Right- to-Buy)	\$ 111.84							04/02/2016	04/02/2023	Common	480		480	D	
Stock Option (Right- to-Buy)	\$ 149.34							04/02/2017	04/02/2024	Common	350		350	D	
Stock Option (Right- to-Buy)	\$ 119.77							05/02/2014	05/02/2021	Common	330		330	D	

Stock Option (Right- to-Buy)	\$ 67.575				06/01/2013	06/01/2020	Common	650	650	D	
Stock Option (Right- to-Buy)	\$ 154.2				07/16/2017	07/16/2024	Common	1,070	1,070	D	

Reporting Owners

	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
Osowick Mark J 500 JACKSON STREET COLUMBUS, IN 47201			VP - Human Resources Op.							

Signatures

/s/ Mark Sifferlen, Attorney-In-Fact	03/10/2015
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).
- (1) Reflects 27.143 shares that had been acquired under an employee stock purchase plan and dividend reinvestment program but not previously reflected on a Form 4.
- (2) Shares withheld to satisfy tax liabilities relating to earned performance shares.
- 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. (3) The 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.