FORM	4
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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).

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 of Type Respon	.505)												
1. Name and Address ROSE MARYA I	2. Issuer Name a CUMMINS IN		r Tra	ding Sym	bol	1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 						
500 JACKSON S	(First) STREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/12/2016						X Officer (give title below) Other (specify below) V.P CAO				
COLUMBUS, IN	4. If Amendment,	Date Origin	al Fil	ed(Month/E	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 - I	Non-	Derivativ	e Secu	rities Acquii	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)	tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership		
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common		05/12/2016		S		850	D	\$ 114.5501	16,880	D			
Common									179.68 (1)	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 any (Month/Day/Year)	Code		of	vative rities uired or osed 0) r. 3,	Expiration Date (Month/Day/Year)		Expiration Date		Expiration Date		Expiration Date		7. Title and of Underlyin Securities (Instr. 3 and	ıg	Derivative Security (Instr. 5)		Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares										
Stock Option (Right- to-Buy)	\$ 58.115							03/01/2012	03/01/2020	Common	5,450		5,450	D							
Stock Option (Right- to-Buy)	\$ 120.28							04/02/2014	04/02/2022	Common	7,350		7,350	D							
Stock Option (Right- to-Buy)	\$ 111.84							04/02/2015	04/02/2023	Common	10,970		10,970	D							
Stock Option (Right- to-Buy)	\$ 149.34							04/02/2017	04/02/2024	Common	8,190		8,190	D							
Stock Option (Right- to-Buy)	\$ 136.82							04/02/2018	04/02/2025	Common	10,280		10,280	D							

Stock Option (Right- to-Buy)	\$ 109.09				04/04/2019	04/04/2026	Common	22,310	22,310	D	
Stock Option (Right- to-Buy)	\$ 119.77				05/02/2013	05/02/2021	Common	5,220	5,220	D	

Reporting Owners

		Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
ROSE MARYA M 500 JACKSON STREET COLUMBUS, IN 47201			V.P CAO							

Signatures

/s/ Mark Sifferlen, Attorney-In-Fact	05/16/2016
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. (1) 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.