FORM 4

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

OMB APPROVAL
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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).

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 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_ Director10% Owner | | | | |
|--|------------------|---|--|--|---|---|--|--|--|--|--|--|---|
| (Last) (First) (Middle) 500 JACKSON STREET | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2018 | | | | | - | Office | r (give title belo | ow) | Other (specify b | elow) | |
| (Street) COLUMBUS, IN 47201 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 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, 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) | Code (Instr. 8) | (| (A) or Disposed of (Instr. 3, 4 and 5) | | f(D) Beneficia | | nt of Securities ally Owned Following Transaction(s) | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | (| Code | V | Amount | (A) or (D) | Price | insu. 3 and 4) | | | or Indirect (I) (Instr. 4) | |
| Common | | 05/08/2018 | | A | 9 | 938 | A 5 | 0 | 13,402 | | | D | |
| | | | | | contai | ined in | this forn | n are | not requ | | ormation spond unle trol numbe | ss | 1474 (9-02) |
| | | | Derivative Securiti | | contai the for ed, Disp | ined in rm disp posed of | this forr plays a c | n are urren ficiall | not reqเ ntly valid | uired to res | spond unle | ss | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | (Month/Day/ | n 3A. Deemed Execution Date Year) | e, if Transaction Code (Instr. 8) | i <mark>rrants, op</mark> 5. | contai the for ed, Disp otions, c 6. Date and Ex (Mont) | ined in rm disp posed of | this form plays a c f, or Bene ble securion sable in Date | ficiall ficiall fities) 7. Tit Amo Under Security | not reqเ ntly valid | OMB conf | spond unle trol numbe | of 10. Owners: Form of Derivati Security Direct (or Indire | 11. Nation of Indirection Benefic Owners: (Instr. 4 |
| Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative | Date (Month/Day/ | n 3A. Deemed Execution Date Year) | e, if Transaction Code (Instr. 8) | 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 (Month | ned in rm disp posed of convertile Exerci xpiration h/Day/Y | this formolays a c | n are urren ficiall ities) 7. Tit Amo Unde Secu (Instr 4) | not requally valid by Owned the and bunt of erlying rities | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction | of 10. Owners: Form of Derivati Security Direct (i or Indirects) | 11. Nation of Indirection Benefic Owners: (Instr. 4 |

| D 11 0 N 1 | 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 | 05/08/2018 |
|--------------------------------------|------------|
| **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.