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* ChangDiaz Franklin R | | | 2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Last) (First) (Middle) 500 JACKSON STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2022 | | | | | | Office | r (give title belo | ow)(| Other (specify b | elow) |
| (Street) COLUMBUS, IN 47201 | | | 4. If Amendment, Date Original Filed(Month/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 | ate) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow | | | | | Owned | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Ye | | Execution Date, i | | | | | f (D) | d 5. Amount of Securities D) Beneficially Owned Follow Reported Transaction(s) (Instr. 3 and 4) | | following (s) | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | (Montal Bay) Teal | Code | V | Amount | (A) or (D) I | Price | (msu. 3 a | or (I) | | or Indirect (Instr. | |
| Common | 05/1 | 0/2022 | | A | | 882 | A S | \$ 0 | 6,402 | | | D | |
| Reminder: Report on a separat | are time for each | class of securi | ties beneficially 0 | whed direc | Perso | ns who | respone | n are | not requ | | ormation spond unlead trol number | ss | 1474 (9-02) |
| Reminder: Report on a separal | ute mile for euen | Table II - D | Derivative Securit | ies Acqui | Perso conta the fo | ons who ined in orm disp | respond this form plays a c | n are urrer ficiall | not requ ntly valid | ired to res | spond unle | ss | 1474 (9-02) |
| 1. Title of Derivative Conversion Date | ransaction | Table II - D (e 3A. Deemed Execution Date | Derivative Securites, puts, calls, w 4. e, if Transaction Code | ies Acqui arrants, o | Persoconta the fo red, Dis ptions, o 6. Data and E (Mon | ons who ined in orm disp | o respond this form plays a c f, or Bene ble securi sable in Date | ficiall ficiall fities) 7. Ti Amo Unde Secu | not requ ntly valid | omB cont 8. Price of | spond unle | f 10. Ownersl Form of Derivati Security Direct (I | 11. Natural of Indirection of Indire |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Mon Derivative) | ransaction e | Table II - D (e 3A. Deemed Execution Date any | Derivative Securites, puts, calls, w 4. e, if Transaction Code | ies Acqui arrants, o 5. Number of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, | Persoconta the fo red, Dis ptions, of 6. Data and E (Monta | ons who ined in orm disp posed of converti te Exerci xpiration th/Day/Y | o respond this form plays a c f, or Bene ble securi sable in Date | n are urrer ficiall tities) 7. Ti Amo Undo Secu (Inst: 4) | e not requently valid ly Owned ttle and ount of erlying urities | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transactions | f 10. Ownersl Form of Derivati Security Direct (I or Indirects) (I) | 11. Natural of Indirection of Indire |

| D (1 0 N / | Relationships | | | | | |
|------------------------------------------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| ChangDiaz Franklin R 500 JACKSON STREET COLUMBUS, IN 47201 | X | | | | | |

Signatures

| /s/ Sharon Barner, Attorney-in-Fact | 05/11/2022 |
|-------------------------------------|------------|
| **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.