FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Add		2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Narang Mahesh																		10% Ov	vner	
(Last) (First) (Middle) 500 JACKSON STREET						ate of 01/20		Transacti	ion (Month	/Day	/Year)	X	Officer (g below)	Officer (give title below)		Other (s below)	specify			
													VP & President - Components							
1						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) COLUMBUS IN 47201												X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State) (Zip)																				
		Т	able I - No	n-Der	ivativ	re Se	curiti	es Acq	uired, C	Disp	osed o	f, or E	Benefi	cially O	vned					
Date					nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and) or 4 and 5)	5. Amount Securities Beneficiall Following	y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Transactio				(Instr. 4)	
Common				03/0	/01/2023				A		513	3 A	\$0.0000	0 3,400.905		D				
Common 03/0					01/2023		F ⁽¹⁾		159		D	\$249.21	3,241.905		D					
Common														111.26(2)		I		By 401(k) Plan		
			Table II - I						red, Dis options						ed					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date curity (Instr. or Exercise (Month/Day/			4. Transactic Code (Ins ear)			Derivative I		6. Date Exercisa Expiration Date (Month/Day/Yea)	7. Title and Amount Securities Underlyin Derivative Security (3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported	e s l illy l	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisabl		expiration Pate	Title		Amount or Number of Shares		Transacti (Instr. 4)	on(s)			
Stock Option (Right-to-Buy)	\$109.09								04/04/2019	9 0	4/04/2026	Con	nmon	1,265		1,265	5	D		
Stock Option (Right-to-Buy)	\$136.82								04/02/2018	8 0	4/02/2025	Con	nmon	585		585		D		
Stock Option (Right-to-Buy)	\$142.12								04/06/2023	3 0	4/06/2030	Con	nmon	2,665		2,665	5	D		
Stock Option (Right-to-Buy)	\$149.72								04/03/2020	0 0	4/03/2027	Con	nmon	1,880		1,880		D		
Stock Option (Right-to-Buy)	\$157.48								08/01/2020	0	8/01/2027	Con	nmon	315		315		D		
Stock Option (Right-to-Buy)	\$160.1								04/03/202	1 0	4/03/2028	Con	nmon	1,960		1,960)	D		
Stock Option (Right-to-Buy)	\$163.43								04/04/2022	2 0	4/04/2019	Con	nmon	3,085		3,085	5	D		

Explanation of Responses:

- 1. Shares withheld to satisfy tax liabilities relating to earned performance shares.
- 2. 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. 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

/s/ Sharon Barner, Attorney-in-03/03/2023 Fact

** Signature of Reporting Person

Date

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

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.