(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

	OMB Number:	3235-0287				
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-	hours per response	0.5				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(State)

(Zip)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

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

affirmative defense 10b5-1(c). See Ins	e conditions of Rule struction 10.						
1. Name and Address Padmanabhar	s of Reporting Person Srikanth	•	2. Issuer Name and Ticker or Trading Symbol CUMMINS INC [CMI]		tionship of Reporting Perso all applicable) Director	on(s) to Issuer	
(Last) 500 JACKSON S	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2025	X	Officer (give title below) EVP and President	Other (specify below)	
(Street) COLUMBUS	IN	47201	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person			

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 (Ir	Transaction Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr.			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
	Code V Amount (A) or (D) Price (Instr. 3 and 4)			(Instr. 4)						
Common	03/01/2025		A		6,915	A	\$0.0000	47,600	D	
Common	03/01/2025		F ⁽¹⁾		648	D	\$368.18	46,952	D	
Common	03/01/2025		F ⁽¹⁾		3,050	D	\$368.18	43,902	D	
Common								535.3221(2)	I	By 401(k) Plan

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative		6. Date Exerc Expiration D (Month/Day/	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (Right-to-Buy)	\$142.12							04/06/2023	04/06/2030	Common	15,990		15,990	D	
Stock Option (Right-to-Buy)	\$163.43							04/04/2022	04/04/2029	Common	13,570		13,570	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/ Nicole Y. Lamb-Hale, Attorney-in-Fact

03/04/2025

** 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.