### **CUMMINS LINDA M**

Form 4

Common

Common

11/25/2005

Stock

Stock

November 29,	, 2005												
<b>FORM</b>	4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL		
	UNITED										3235-0287		
Check this if no longe subject to Section 16 Form 4 or	STATE!	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated burden h	Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may continue See Instruction.	Section 17	(a) of the P	Public V	Utility I		Con	npany	Act of	e Act of 1934, 1935 or Section	on			
(Print or Type Re	esponses)												
1. Name and Ad CUMMINS I		2. Issuer Name and Ticker or Trading Symbol ARVINMERITOR INC [ARM]						5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)				st Transac	_		-	(Che	ck all applica	ble)		
ARVINMERITOR, INC., 2135 WEST MAPLE ROAD			(Month/Day/Year) 11/25/2005						Director 10% Owner _X Officer (give title Other (specify below) Senior VP, Communications				
(Street)			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				
TROY, MI 4	8084								Form filed by Person				
(City)	(State)	(Zip)	Ta	ble I - No	on-Deriva	tive	Securi	ties Acq	uired, Disposed o	of, or Benefic	ially Owned		
	Transaction Date Month/Day/Year)			e, if Transaction Disp Code (Instr. 2 Year) (Instr. 8)			d of (D) and 5) A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock				Code	V Amou	nt (	D)	Price	4,600	I	Held jointly with spouse		
Common Stock									7,575	I	ArvinMeritor Savings Plan		

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

11/28/2005

 $S^{(5)}$ 

1,289 D

Restricted

Stock (2)

5,187

5,109

I

D

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SEC 1474

(9-02)

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 (Instr. 8	5. etionNumber of S) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	S	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Deriva Securit (Instr. :
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Share Equivalents	\$ 0					<u>(4)</u>	<u>(4)</u>	Common Stock	3,721	

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CUMMINS LINDA M ARVINMERITOR, INC. 2135 WEST MAPLE ROAD TROY, MI 48084

Senior VP, Communications

# **Signatures**

Linda M. Cummins, By Bonnie Wilkinson, Attorney-in-fact

\*\*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).
- (1) Shares purchased periodically and held in ArvinMeritor common stock funds in an employee benefit trust established under the ArvinMeritor, Inc. Savings Plan, based on information furnished by the Plan Administrator as of October 31, 2005.
- (2) Held by the issuer to implement restrictions on transfer unless and until certain conditions are met.

Reporting Owners 2

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- (3) Share equivalents related to ArvinMeritor common stock, held under ArvinMeritor's supplemental savings plan, based on information furnished by the Plan Administrator as of October 31, 2005.
- (4) Inapplicable.
- (5) In connection with the vesting and delivery of restricted stock, and pursuant to the terms of the restricted stock agreement, shares were sold and the net proceeds were used to pay required withholding taxes.

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.