FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| l | 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).

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

| 1. Name an | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | | | | | ck all appli Directi | tor | | 10% O\ | vner | | | | | |
|--|---|--|---|--|---|-----|---------|---|--|------------------|-----------------|-------------------------|---|-----------------------------------|----------------|--|--|--------|--|---|--|
| (Last) (First) (Middle) C/O ALLISON TRANSMISSION HOLDINGS IN ONE ALLISON WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2017 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6 Ind | below) | | Filing | Other (s | | |
| (Street) INDIANAPOLIS IN 46222 (City) (State) (Zip) | | | | | 4. II Alliendinent, Date of Original Filed (Monthin Day) feat) | | | | | | | | | | Line) | Form | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | Execu Day/Year) if any | | | A. Deemed kecution Date, any lonth/Day/Year) | | | | | rities Acqui ed Of (D) (Ir | | and Securiti | | ies Fo ially (D) Following (I) | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Cod | de V | , [| Amount | nount (A) or (D) | | ice | Transac (Instr. 3 | ction(s) | | | (111501. 4) | | | | |
| 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) | Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | D Si (li | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | ode | v | (A) (D) | | Date Exercis | sable | Ex _I | piration te | Title | Amou or Numb of Share | per | | | | | | |
| Divident Equivalent Rights | (1) | 05/26/2017 | | | A | | 12 | | (1) | | | (1) | Common Stock | 12 | ! | \$0 | 12 | | D | | |

1. The dividend equivalent rights accrued on previously awarded restricted stock units ("RSUs") and vest proportionately with the RSUs to which they relate. Each dividend equivalent rights is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

Remarks:

/s/ Eric C. Scroggins, attorney-05/31/2017 in-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.