Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting Is	suer				
1 Issuer's name				2 Issuer's employer identification number (EIN)	
Allison Transmiss	ion Holdings	26-0414014			
3 Name of contact for addi			e No. of contact	5 Email address of contact	
Raymond Posadas		317-242-		ir@allisontransmission.com	
6 Number and street (or P.	O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact			
One Allison Way				Indianapolis, IN 46222	
8 Date of action					
May 29, 2020		Distr	ibution to Public		
10 CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)	
01973R101			ALSN		
				ck of form for additional questions.	
				inst which shareholders' ownership is measured for	
				arterly distribution of 17 cents	
per common share of	on May 29, 2	020 to i	ts shareholders of re	ecord on May 18, 2020.	
				-	
share or as a percentag	ge of old basis $ ightharpoonup$	ne Compai	ny currently estimate		
				pital to the extent of the	
				eholder's tax basis will be	
treated as a capit	al gain for	U.S. ta	x purposes.		
16 Describe the calculation	n of the change in b	asis and the	data that supports the calculation.	such as the market values of securities and the	
				301(c) and 316(a), the taxability	
of Allison Transmi	ssion Holdi	ngs, Inc	. distributions is ca	alculated based on the earnings	
				not include the earnings and	
				Transmission, Inc.'s estimated	
				Allison Transmission Holdings,	
				nontaxable return of capital	
to the extent of t					

Part		Organizational Action (cont	inued)		
			section(s) and subsection(s) upon whi		
Inter	rnal	Revenue Code section	s 301(c) and 316(a)		
				Section Control Control	
					
			· / m		
18 C	an any	resulting loss be recognized? ►	N/A		
i e e e e e e e e e e e e e e e e e e e					
19 P	rovide	any other information necessary to	implement the adjustment, such as t	he reportable tax year ▶ <u>Non</u>	e
	I				
	Unde belief	r penalties of perjury, I declare that I had it is true, correct, and complete. Declar	eve examined this return, including accomparation of preparer (other than officer) is base	eanying schedules and statements of which pre-	s, and to the best of my knowledge and parer has any knowledge
Sign				prop	
Here		(1)	12-2-		
11616	Signa	iture >		Date ► 7/13	2020
		- D T D			
	Print	your name ► Ryan J. Dean Print/Type preparer's name	Preparer's signature	Title ► Executi	ve Director, Financial & Tax
Paid		гини туре ртерагет з патте	i roparer a aignature	Date	Check if self-employed
Prepa		Firmle name			
Use C	Inly	Firm's name ► Firm's address ►			Firm's EIN ► Phone no.
Send Fo	rm 80		nents) to: Department of the Treasury.	Internal Revenue Service Oc	