FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

	Check this box if no longer subject to								
١	Section 16. Form 4 or Form 5								
J	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

								,		June 11		, , , , , , , , , , , , ,									
1. Name ar		2. Issuer Name <b>and</b> Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)									
<u>Coll John</u>																Direct	or		10% O	wner	
(Last)	3. D	Date of Earliest Transaction (Month/Day/Year)										X Officer (give title below)			Other (s	specify					
(Last) (First) (Middle) C/O ALLISON TRANSMISSION HOLDINGS INC.						11/30/2017										SVP, Global MSS					
ONE ALLISON WAY																					
,		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) INDIAN	APOLIS IN	J .	46222													X Form filed by One Reporting Person					
	TH OLIO II															Form filed by More than One Reporting Person					
(City) (State) (Zip)																					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ar) E	2A. Deemed Execution Date if any (Month/Day/Yea		e, Ti C	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amor Securiti Benefic Owned Reporte	ies :ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									С	Code V	,	Amount	t (A) or Pr		rice	Transac (Instr. 3	tion(s)			(111511.4)	
	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)		of	ired r osed ) . 3, 4	Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					code V		(A)	(D)	Date Exerc	cisable	Ex <sub>I</sub>	oiration te	Title	Amo or Num of Shar	ber						
Dividend Equivalent Rights	(1)	11/30/2017			A		68		(	(1)		(1)	Common Stock	6	8	\$0	445 <sup>(2)</sup>		D		

## Explanation of Responses:

- 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.
- 2. The Form 4 filed by the reporting person on September 5, 2017 misstated the number of DEUs acquired and owned on August 31, 2017. The reporting person acquired 80 dividend equivalents on August 31, 2017 resulting in a total of 377 dividend equivalents being owned following the transaction.

## Remarks:

Eric C. Scroggins, attorney-in-

12/04/2017

<u>fact</u>

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.