| SEC For | m 4 | | | | | | | | | | | | | | | | | |
|---|--|--|---|----------|--|---|---|----------------|---|-----------|------------------|--|---|--|--|-----------------------------------|--|---|
| FORM 4 UNITED STAT | | | | | TES | S SE | | | ES AND | | | COMN | IISSION | 1 | OMB | APPRC | VAL | |
| Check transac contrac the pur securiti intende defens | chase or sale of es of the issues ed to satisfy the | Form 5 use. See cate that a pursuant to a written plan for if equity that is | STAT | | d purs | suant t | o Secti | on 16 | ES IN B (a) of the Sec e Investment | curitie | es Excha | nge Act of | | SHIP | Estim | | er: verage burd sponse: | 3235-0287 en 0.5 |
| 1. Name and Address of Reporting Person* Bohley G Frederick | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Allison Transmission Holdings Inc</u> [ALSN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | |
| (Last) (First) (Middle) C/O ALLISON TRANSMISSION HOLDINGS, INC. | | | | | | Date of /30/20 | | st Trar | nsaction (Mor | nth/C | Day/Year) | | below) below) COO, CFO & Treasurer | | | | | |
| ONE ALLISON WAY (Street) INDIANAPOLIS IN 46222 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transau Date Date | | | | | action | 2/ E | es Ac | 3. Transact | Transaction Disposed Of (D) (In | | | red (A) or | 5. Amou d Securitie | nt of es | Form | vnership n: Direct | 7. Nature of Indirect | |
| (Month/ | | | | (Month/E |)ay/Yea | | any Ionth/Day/Year | | | str. V | 5) Amount | (A) o (D) | r Price | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | ate | | 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an | of g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | e s lly J | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | cpiration ate | Title | or Number of Shares | | | | | |
| Dividend Equivalent Rights | (1) | 08/30/2024 | | | A | | 46 | | (1) | | (1) | Common Stock | 46 | \$0 | 368 | | 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 right is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

/s/ Preston B. Ray, attorney-in-09/04/2024

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.