Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 and Address of Reporting Person * Harker William R				2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Harker	wiiiiam .	<u>K</u>				1100			1001011 11	<u> </u>	22.89 22.	<u></u> [1120	., ,	X	Direct	or		10% O	wner
	LISON TRA	ANSMISSION H	Middle)	S INC.		3. Date of Earliest Transaction (Month/Day/Year) 02/12/2018									Office below	r (give title)		Other (below)	specify
ONE ALLISON WAY				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) INDIANAPOLIS IN 46222				, , , , , , , , , , , , , , , , , , ,								l l	ine) X	e)					
(City)	(SI	ate) (Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ar) E	A. Deemed Execution Date, f any Month/Day/Year		Code (Instr. 5)			red (A) o str. 3, 4 a	4 and Securi Benefic Owned		ties Fo cially (D Following (I)		6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) (D)	or Pric	. 1	Reporte Transac (Instr. 3	tion(s)		(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. Deemee Execution I if any (Month/Day	Date, 1	Code (of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Der Sec (Ins	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amoun or Numbe of Shares						
Deferred Stock Units ⁽¹⁾	(2)	02/12/2018			A		510		(2)		(2)	Common Stock	510	\$	\$0 ⁽³⁾	4,765		D	

Explanation of Responses:

- 1. The deferred stock units ("DSUs") represent a quarterly payment of the reporting person's annual retainer and other fees under the Allison Transmission Holdings, Inc. (the "Company") Third Amended and Restated Non-Employee Director Compensation Policy deferred pursuant to the Company's Amended and Restated Non-Employee Director Deferred Compensation Plan. The annual retainer and other fees are
- 2. Each DSU is the economic equivalent of one share of the Company's common stock. The DSUs become payable in common stock or, at the Company's election, cash, at the earlier of the reporting person's separation from service or a change in control. DSUs earn dividend equivalents when dividends are declared on the Company's common stock.
- 3. The number of DSUs received was calculated based on \$41.67, which was the closing price of the Company's common stock on the date of grant.

Remarks:

/s/ Eric C. Scroggins, attorneyin-fact

02/13/2018

** Signature of Reporting Person

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.