FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	vvasningtor	1, D.C. 20549	
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	JVAL				
OMB Number:	3235-0287				
Estimated average burd	den				
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).

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

See Ins	struction 10.																				
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Altmaier Judy L			Allison Transmission Holdings Inc [ALSN]										11'.	✓ Director			10% Ow	ner			
				— <u> </u>											_ `	Officer (give title			Other (s	pecify	
(Last) (First) (Middle)			- 1	3. Date of Earliest Transaction (Month/Day/Year) 11/27/2024										below) below)							
C/O ALLISON TRANSMISSION HOLDINGS, INC.				11/2//2027																	
ONE ALLISON WAY				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																Form filed by One Reporting Person					
INDIANAPOLIS IN 46222															Form filed by More than One Reporting Person						
(City)	(Si	tate) ((Zip)																		
		Tabl	e I - Non-D	erivat	ive	Sec	uritie	es Ac	qui	ired, D	isp	osed o	of, or I	Ben	eficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)			ite	Execution Date		n Date	Code (Instr.			4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefic Owned	es Form ally (D) o Following (I) (Ir		n: Direct or Indirect Enstr. 4)	7. Nature of Indirect Beneficial Ownership				
									(Code V	Amount		(A (D	or	Price		rted action(s) 3 and 4)			Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			(e.ç	g., put	s, c	alls	war	rants	s, op	ptions	, cc	nverti	ble se	cur	rities)						
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Co	ransaction of ode (Instr. Derivative		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Co	de	v	(A)	(D)	Date Exer	e rcisable	Ex Da	piration te	Title	0 0	Amount or Number of Shares						
Dividend Equivalent Rights	(1)	11/27/2024		A	A		39			(1)		(1)	Commo	n	39	\$0	1,095		D		

Explanation of Responses:

1. The dividend equivalent rights accrued on previously awarded deferred stock units ("DSUs") and vest proportionately with the DSUs 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-

fact

12/02/2024

** 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.