FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							
Estimated average b	ourden							

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

37 hours per response: 0.5

1. Name and Address of Reporting Person* Bohley G Frederick						2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Domey G Frederick														Direct			10% O\			
,						Date of Earliest Transaction (Month/Day/Year)								X	Office	r (give title		Other (: below)	specify	
(Last) (First) (Middle)						11/27/2019									VP, CFO	& ፕነ	, ,			
ONE ALLISON WAY															7 (1 , G1	ω 1.	cusurer			
					4.16	A 16 Assessed assess Data of Ocioinal Filed (Adouth /D. 1977)								C. hadii idaal ay IniadOwaya Filing (Ohaala A. F. III						
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
INDIANAPOLIS IN 46222													X Form filed by One Reporting Person							
												Form filed by More than One Reporting								
(City) (State) (Zip)														Person						
		Tab	le I - Nor	n-Deriva	ative	Se	curitie	es Ac	cquired,	Dis	oosed	of, or B	enefi	cially	/ Owne	d				
1 Title of 9	Socurity (Inc			2. Transa		_	2A. Deer		3.						5. Amou		6.0	vnership	7. Nature	
Date						Execution Date,			e, Transaction Disposed Of (D) (Instr. 3,					4 and Securit		ies For		rm: Direct	of Indirect	
(Month/Da					ay/Year) if any (Month/Day/Yea			Code (Instr. 5)					Benefic Owned			or Indirect (Instr. 4)	Beneficial Ownership			
												ount (A) or (D)			Reporte Transac	ed '		`	(Instr. 4)	
									Code	V	Amount			rice	(Instr. 3					
		т	able II - I	Dorivat	ivo S	2001	ıritioc	Λ.ο.ο	uirod D	icno	sod of	or Por	ofici	ally (Jwnod	<u>'</u>				
		•							s, option						JWIIEU					
4 Tide of	•	3. Transaction	3A. Deeme					_	•			1		- -	. Price of	. N		10.	11. Nature	
1. Title of Derivative	2. Conversion	Date	Execution		4. Transactio				6. Date Exercisable and Expiration Date 7. Title and Amount of				Derivative		derivative		Ownership			
Security or Exercise (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year)					Code (I 3)	Instr.	Deriv		(Month/Day/Year) Securities Underlying						ecurity nstr. 5)	Securities Beneficially			Beneficial Ownership	
Derivative \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Acquired Derivative Secur									Owned Following Reported		or Indirect	(Instr. 4)		
Security							(A) or Unstr. 3 and 4)										(I) (Instr. 4)			
							of (D)									Transaction(s)				
					(Instr. 3, and 5)											(Instr. 4)				
							\top			$\overline{}$			Amo	unt						
													or Numi							
					Code	v	(A)	(D)	Date Exercisabl		cpiration ate	Title	of Share							
Dividend							1,,			+				\dashv			\dashv			
Equivalent	(1)	11/27/2019			Α		28		(1)		(1)	Common Stock	28	3	\$ <mark>0</mark>	209		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.

Remarks:

/s/ Jacalyn C. Bolles, attorney-12/02/2019 in-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.