FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

											<u> </u>								
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Dick Michael				1	Amson Transmission Holdings inter ALSN J									Direct	or		10% O	wner	
														_v	Office	r (give title		Other (specify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/30/2018								X	below	pelow) below)			` '
															SVP, Ops and Purchasing				
ONE ALLISON WAY																			
					4 16	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. "	4. II Amendment, Date of Original Filed (Month/Day/Year)								Line)					
INDIANAPOLIS IN 46222														X Form filed by One Reporting Person					
11(D) 11(11 OLIO II) 40222												Form filed by More than One Reporting							
,																Person			
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ative	e Se	curiti	es Ac	quired, [Disp	osed	of, or B	enefi	cially	/ Owne	d			
1 Title of	Coourity (Inc	hr 2)	1	2. Transa	action		2A. Deei	mod	3.	Ť	4 Sec.	ritios Acqui	rod (A)	or	5. Amou	unt of	6.04	vnership	7. Nature
1. Title of Security (Instr. 3) 2. Transac Date					Execution Date,			r, Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			str. 3,	4 and	Securities		Form: Direct		of Indirect		
(Month/Da											Day/Ye			Benefic				Beneficial Ownership	
						- 1	(Month/Day/Tea		, [0]					Reporte	rted `		ı, (s - ,	(Instr. 4)	
									Code	V	Amount	(A) (D)	or P	rice		nsaction(s) tr. 3 and 4)			
									ļ	' '			1,	,					
		Т							uired, Di						Owned				
			(e.g., pı	uts, o	calls	s, war	rants	s, options	s, co	onverti	ble sec	uritie	s)					
1. Title of	2.	3. Transaction Date	3A. Deemed Execution Da if any (Month/Day/Y	d 4	4. Transaction Code (Instr. 8)		5. Nu	mber	6. Date Exercisable		ole and	7. Title and		8	. Price of	9. Number	of	10.	11. Nature
Derivative	Conversion or Exercise Price of Derivative						Instr. Derivative Securities Acquired		Expiration D		Amount of		Derivati		derivative		Ownership	of Indirect	
Security (Instr. 3)		(Month/Day/Year)							(Month/Day/Year)			Securities Underlying			Security Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership
,				, ,,,,					Derivative Secu						Owned		or Indirect	(Instr. 4)	
Security						(A) or Disposed (Instr. 3 and 4)						nd 4)			Following Reported		(I) (Instr. 4)		
						of (D)										Transaction(s)			
							(Instr. 3, 4 and 5)									(Instr. 4)			
				F			1 1			$\overline{}$			Amo	unt					
													or	""					
									Date	_,	piration		Numl	oer					
					Code	v	(A)	(D)	Exercisable			Title	Share	es					
Dividend										T				\neg			\neg		
Equivalent	(1)	11/30/2018			Α		45		(1)		(1)	Common	45	,	\$ <mark>0</mark>	474		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, attorneyin-fact 12/04/2018

** 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.