Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting Issuer				
1 Issuer's name	2 Issuer's employer identification number (EIN)			
Allison Transmission Holdings	26-0414014			
3 Name of contact for additional information 4 Telephone No. of contact			5 Email address of contact	
Fred Bohley	317-242-		ir@allisontransmission.com	
6 Number and street (or P.O. box if mail is not	7 City, town, or post office, state, and Zip code of contact			
One Allison Way			Indianapolis, IN 46222	
8 Date of action	9 Class	sification and description	Indianaports, in 40222	
		ibution to public	shareholders	
Various			100	
10 CUSIP number 11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
01973R101		ALSN		
Part II Organizational Action Attac	h additional	statements if needed. See	back of form for additional questions.	
14 Describe the organizational action and, if a	pplicable, the	date of the action or the date	against which shareholders' ownership is measured for	
			lowing dividends during 2015:	
15 cents per common share on Mare				
15 cents per common share on May				
15 cents per common share on August				
15 cents per common share on Nove	ember 25,	2015 to its shareho	lders of record on November 16, 2015	
share or as a percentage of old basis \blacktriangleright The treated as a nontaxable return of	ne Company f capital	currently estimates to the extent of the	in the hands of a U.S. taxpayer as an adjustment per that 63.35% of the dividends will be shareholder's tax basis. Any amount capital gain for U.S. tax purposes.	
			on, such as the market values of securities and the L(c) and 316(a), the taxability of	
Allison Transmission Holdings, Ir	nc. distri	ibutions is calculate	ed based on the earnings and profits of	
			nings and profits of Allison's foreign	
			15 current and accumulated earnings and	
			that 63.35% of this distribution is	
to be a nontaxable return of capi	ital to th	ne extent of the shar	reholder's tax basis.	

Part	11	Organizational Action (co	ontinued)		
			de section(s) and subsection(s) upon v	which the tax treatment is base	d ▶
Inter	nal	Revenue Code sections	301(c) and 316(a)		
					Control of the Contro
18 C	an an	y resulting loss be recognized?	N/A		
19 Pr	ovide	any other information necessary	to implement the adjustment, such as	the reportable tax year ▶ NO	NE
	Unde	er penalties of perjury, I declare that I	have examined this return, including acco	mpanying schedules and stateme	nts, and to the best of my knowledge and
	belief	f, it is true, correct, and complete. Dec	laration of preparer (other than officer) is be	ased on all information of which pr	eparer has any knowledge.
Sign		// / // -	^		*
Here	Signa	ature • M	t .	Date ► /1/4	EB 20/6
1	J			<u></u>	
	Print	your name ▶ David Grazios	si	Title ▶ Preside	nt, Chief Financial Officer and Treasure
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	rer				self-employed
Use O		Firm's name ▶			Firm's EIN ▶
U	iiiy	Firm's address ▶			Phone no.
Send Fo	rm 89	337 (including accompanying state	ements) to: Department of the Treasur	y, Internal Revenue Service, (Ogden, UT 84201-0054