FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to Section 16, Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Scotloii 10. Form 4 of Form 5 | |

| OMB APPR | OVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
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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* RABAUT THOMAS W | | | | | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | | | Check a | ionship of Reportin all applicable) Director | | ıg Peı | g Person(s) to Issuer 10% Owner | | |
|---|--|---|---------------|--------|--|---|--|--|--------------------------------------|---|---|----------|-------------|------------------------------|---|--|---|--|---|------------|
| (Last) (First) (Middle) ONE ALLISON WAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2012 | | | | | | | | | | Office belov | icer (give title ow) | | Other (specify below) | |
| (Street) INDIAN. (City) | APOLIS IN | | 46222 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Yea | | | | | | ·) | | ne) | , | | | | | |
| | | Tabl | e I - Nor | -Deriv | ative | Se | curitie | s Ac | quired, | Disp | osed o | f, or | Bene | ficia | ally O | wne | ed | | | |
| Dat | | | | Date | e onth/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secur Benef Owne | | ities F icially (I d Following (I | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | () () | A) or O) | or Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) |
| Common Stock | | | | 03/20 | 03/20/2012 | | | | P | | 7,000 | | Α | \$2 | 23 | 7,000 | | | D | |
| | 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) (Month/Day/Year) | | | Transaction Code (Instr. 8) Se Ac (A) Dis | | osed) :. 3, 4 | 6. Date Exercisable Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number | | ount | t | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | (| Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | | | Expiration Date | Title | of Shai | res | | | | | | |

Explanation of Responses:

/s/ Eric C. Scroggins, attorney-03/22/2012

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.