SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

)	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(S) to Issuer Reynolds Richard VanFleet Allison Transmission Holdings Inc [ALSN] X Director (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specify below) ONE ALLISON WAY 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable) (Street) INDIANAPOLIS IN 46222 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable) (City) (State) (Zip) (Zip) Form filed by One Reporting Person			Table I - Non-D	erivative Securities Acquired, Disposed of, or Benef	icially	Owned	
Reynolds Richard VanFleet Allison Transmission Holdings Inc [ALSN] (Check all applicable) (Last) (First) (Middle) ONE ALLISON WAY 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) (Street) INDIANAPOLIS IN 46222	(City)	(State)	(Zip)			r eison	
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Allison Transmission Holdings Inc [ALSN] (Last) (First) (Middle) ONE ALLISON WAY 3. Date of Earliest Transaction (Month/Day/Year) Other (specify below)	l` '	POLIS IN	46222	4. If Amenoment, Date of Original Filed (Month/Day/Year)	Line)		
Allison Transmission Holdings Inc [ALSN] (Check all applicable) X Director (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specify below)	ONE ALLI	ISON WAY		4 If Amondment Date of Original Filed (Marth/Day/Waar)	C. India	vidual as Jaint/Oraun Fil	ing (Chaol: Applicable
Allison Transmission Holdings Inc [ALSN] (Check all applicable)			(Middle)		1		
				0,	(Checl	k all applicable)	

1. Title of Security (Instr. 3)	Date (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Dividend Equivalent Rights	(1)	05/31/2018		A		75		(1)	(1)	Common Stock	75	\$0	1,061	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.

Remarks:

<u>/s/ Eric C. Scroggins, attorney-</u> <u>06/04/2018</u> 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.