FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPRO	VAL
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l	hours per response:	0.5

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

Name and Address of Reporting Person*  Personal de Richard Very Floot				2. Issuer Name <b>and</b> Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
Reynolds Richard VanFleet						The state of the s								X	Directo	r		10% Ov	vner
(Last) ONE AL	(Fi	,	(Middle	)		3. Date of Earliest Transaction (Month/Day/Year) 05/12/2014									Officer (give title below)			Other (s	specify
					4.1	f Amen	ıdmer	nt. Date	of Oria	inal Fi	iled (Month/D	av/Year)	6.	Indivi	dual or	Joint/Group	Filino	(Check Ap	plicable
(Street)					_			,			(	,,,		ne)				, (=	,,,,,,,,,,
-	APOLIS IN	J	46222											X	Form f	iled by One	Repo	orting Perso	n
		•	10222		-										Form f Persor		e thar	n One Repo	rting
(City)	(S	tate)	(Zip)																
		Tab	le I - I	Non-Deri	vative	Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	eneficia	lly C	Owned	l			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N				Execution Date, 'ear) if any		3. 4. Securities Actoricode (Instr. 8)				Acquired (A) or (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial			
					(Mon		th/Day/Year)		v	Amount	(A) or	Price	-	Reporte Transac	d tion(s)	(I) (Instr. 4)		Ownership (Instr. 4)	
									Code V		Amount	(D)	PIICE		(Instr. 3	and 4)			
Common Stock 05/12/202				014	Į.		M		5,175	A	\$8.44	4 5,		175		D			
Common Stock 05/12/202					014	4		S <sup>(1)</sup>		5,175	5,175 D \$29.2		52 <sup>(2)</sup> 0		0	D			
		1	able								sposed of				vned				
				(e.g.,	puts,	calls	, wa	rrant	s, opt	ions	, converti	ble sec	urities)						
1. Title of Derivative Security (Instr. 3)	Conversion Date Exe or Exercise (Month/Day/Year)		if any	eemed tion Date, n/Day/Year)		ansaction ode (Instr.		vative urities uired or oosed O) tr. 3, 4	6. Date Exercis Expiration Date (Month/Day/Yea		ate Amoun Year) Securit Underly Derivat		Amount of Securities		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$8.44	05/12/2014			М			5,175	(3	3)	02/08/2021	Commor Stock	5,175		\$0	0		D	

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$29.0500 to \$29.4000. The reporting person undertakes to provide the Company, any security holder of the Company or the staff of the SEC, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. 25,530 options vested on February 9, 2011, the remaining shares vested in four equal installments upon the director's attendance of the subsequent meetings of Allison Transmission Holdings Inc's Board of Directors

## Remarks:

/s/ Eric C. Scroggins, attorney-

05/14/2014

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.