FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* Reynolds Richard VanFleet | | | | | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|-----|------------|-------------------|-----------------|---|---------|---------|---------|---|--|-----------------|--|---|---|---|--|--|--|---------------------------------------|
| (Last) (First) (Middle) ONE ALLISON WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2017 | | | | | | | | | | Office below | r (give title) | | Other (s | specify |
| (Street) INDIANAPOLIS IN 46222 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | '' | | | | | |
| | | Tab | le I - Non- | -Deriva | ative | Sec | curitie | es Ac | cauired. | Disi | osed (| of. or Be | enefic | iallv | Owne | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (I | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, 4 t (A) or Pri | | and | 5. Amou Securiti Benefic Owned Reporte Transac (Instr. 3 | es Fori ally (D) (Following (I) (I d tion(s) | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | T | able II - D (e | | | | | | uired, Di s, option | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | | | ate, T | ransac Code (I | | of Ex | | Expiration | 5. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | piration ate | Title | Amour or Number of Shares | er | | | | | |
| Dividend Equivalent Rights | (1) | 05/26/2017 | | | A | | 69 | | (1) | | (1) | Common Stock | 69 | | \$0 | 777 | | 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:

/s/ Eric C. Scroggins, attorney-05/31/2017 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.