FORM 4

obligations may continue. See Instruction 1(b).

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
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STATEMENT	OF CHANGES	IN BENEFICIAL

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

OWNERSHIP

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* Kirk Randall R.						2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]									ationship of Reportin k all applicable) Director		10% Owner		vner
(Last) ONE AL		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2013								X	Officer (give title Other (specibelow) VP, Product Engineering			вресну					
(Street) INDIANAPOLIS IN 46222					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne) X	X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	ate)	(Zip)												Person				
		Tab	le I - 1	Non-Deri	vative	Sec	uriti	ies A	cquire	d, D	isposed o	of, or B	eneficia	ally (Owned	I			
Date			2. Transact Date (Month/Day	nsaction th/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic Owned		es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 03,				03/01/2	2013	13			M		8,333	A	\$8.4	4	114,983			D	
Common Stock 03/01/				03/01/2	2013	13		S ⁽¹⁾		8,333	D	\$22.887	2.8877 ⁽²⁾ 1		106,650		D		
		T	able								sposed of , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (In	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Number of Shares						
Employee Stock Option (right to	\$8.44	03/01/2013			М			8,333	(3))	09/30/2017	Commor Stock	8,333		\$0	44,714	ı	D	

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 14, 2012.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$22.5800 to \$23.0100. 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. The option vested in five equal annual installments beginning on August 7, 2008.

Remarks:

/s/ Eric C. Scroggins, attorneyin-fact

03/05/2013

** 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.