FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D C	20540
vasnington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	rden								
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

		Reporting Person* AROLANN I	Middle)	3. [2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2023					√] (Ch	eck all applic	cable) or (give title	Person(s) to Iss 10% O Other (below)	vner	
C/O ALLISON TRANSMISSION HOLDINGS, INC. ONE ALLISON WAY				4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	ndividual or Joint/Group Filing (Check Applicable a) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(Street) INDIANAPOLIS IN 46222				Ri	Rule 10b5-1(c) Transaction Indication										
(City)	(St	rate) (Zip)	_ _	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Execution Date		Code (Instr. 5)			Benefici	es F ally (Following (orm: Direct	7. Nature of Indirect Beneficial Ownership			
								Code V	Amount	(A) o (D)	r Price	Transaci (Instr. 3	tion(s)		(Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
Derivative Conversion Security Or Exercise (Month/Day/Year) Execution Date, if any			Code	Fransaction of Code (Instr. Derivative		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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Deferred Stock Units ⁽¹⁾	(2)	05/04/2023		A		3,146		(3)	(3)	Common Stock	3,146	\$0 ⁽⁴⁾	18,222	D	

Explanation of Responses:

- 1. These deferred stock units ("DSUs") represent the portion of the reporting person's annual equity award under the Allison Transmission Holdings, Inc. (the "Company") Seventh Amended and Restated Non-Employee Director Compensation Policy deferred pursuant to the Company's Amended and Restated Non-Employee Director Deferred Compensation Plan.
- 2. Each DSU is the economic equivalent of one share of the Company's common stock. The DSUs become payable, in common stock, or at the company's election, cash, at the earlier of the reporting person's separation from service or a change in control. DSUs earn dividend equivalents when dividends are declared on the Company's common stock.
- 3. The DSUs vest on the date of the next annual meeting of the stockholders of the Company.
- 4. The number of DSUs received was calculated based on \$46.08, which was the closing price of the Company's common stock on the date of grant.

/s/ Eric C. Scroggins, Attorney- 05/05/2023 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.