FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 5	ee Instruction 1	0.																
Name and Address of Reporting Person* Christman Philip J				2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Christman Filmp 3			1							1	Direc	tor	1	0% Ov	/ner			
(Last)	(Fir	rst) (N	Middle)		J									Office below	er (give title v)		other (s elow)	pecify
C/O ALLISON TRANSMISSION HOLDINGS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 11/08/2024														
ONE ALLISON WAY				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)					1								Line)	Form	filed by One	. Poportin	n Dorce	n l
· /	APOLIS IN	J /	6222		1								•		,		•	
INDIAN	Al OLIS II	•	10222		1									Perso	filed by Moi	re than On	е керс	rting
,					1													
(City)	(St	ate) (2	<u>Z</u> ip)															
		Table	I - Nor	n-Deriva	tive S	ecui	rities Acq	uired,	Disp	osed of	, or	Bene	ficially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed O Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3,				ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	ount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				msu. 4 <i>j</i>		
Common Stock ⁽¹⁾ 11/08/2			2024			A		99(2)		A	\$ <mark>0</mark>	6,248		D				
		Tal					ties Acqui warrants,							Owne	d			
1. Title of Derivative Security 1. Title of Conversion or Exercise (Instr. 3) 2. Conversion Date Execution Date, (Month/Day/Year) 3. Transaction Date, (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year)		4. Transac Code (In 8)		of	Expirati	Date Exercisable and xpiration Date lonth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sed (Ins	Price of ivative curity etr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Form Direct or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. These shares represent a quarterly payment of the reporting person's annual retainer under the Allison Transmission Holdings, Inc. (the "Company") Eighth Amended and Restated Non-Employee Director Compensation Policy. The annual retainer is paid quarterly in arrears in cash or common stock at the reporting person's discretion.

(D)

Date

Expiration

2. The number of shares of common stock received was calculated based on \$118.96, which was the closing price of the Company's common stock on the date of grant.

/s/ Preston B. Ray, attorney-in-11/12/2024

** Signature of Reporting Person Date

Amount or Number

Title

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.