FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 Wanaselja James L.						Allison Transmission Holdings Inc [ALSN]									all applicable) Director		10% Ov		vner	
(Last) ONE AL	(First) (Middle) ALLISON WAY					3. Date of Earliest Transaction (Month/Day/Year) 11/28/2012								X Officer (give title Other (specify below) VP, NAFTA					specify	
(Street) INDIANAPOLIS IN 46222					4.	4. If Amendment, Date of Original Filed (Mont						ay/Year)		6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicab Form filed by One Reporting Person Form filed by More than One Reporting				n	
(City)	ty) (State) (Zip)					Person														
			le I - I			_				ed, D	isposed o	-		ially						
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 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 11/28						012					1,800	A	\$8.	.44	19	19,500		D		
Common Stock					11/28/2012				S ⁽¹⁾		1,800	D	\$2	21	17	17,700		D		
Common Stock 13					11/29/2012				M		23,444	A	\$8.	44	41	41,144		D		
Common Stock 11/29/20					2012	12			S ⁽¹⁾		23,444	D	\$21.0	306 ⁽²⁾	17	17,700		D		
			Table	II - Deriv (e.g.,	ative puts,	Secu calls	ıritie S, Wa	es Acc arrant	quirec s, opt	d, Dis	sposed of, , converti	, or Be ble sec	neficia curitie	ally O s)	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 ion Date, /Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exer Expiration D (Month/Day/		Date	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		D	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	V (A) (Date Exerc	cisable	Expiration Date	Title	Amo or Num of Shar	ber						
Employee Stock Option (right to buy)	\$8.44	11/28/2012			M			1,800	((3)	09/30/2017	Commo Stock	n 1,8	00	\$0	166,652		D		
Employee Stock Option (right to	\$8.44	11/29/2012			М			23,444	((3)	09/30/2017	Commo Stock	ⁿ 23,4	144	\$0	143,20	8	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 9, 2012.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$21,2000 to \$21,2000. 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.

/s/ Eric C. Scroggins 11/30/2012

** 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.