## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

### 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*  EVERITT DAVID C						2. Issuer Name <b>and</b> Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
EVERTI DAVID C														X	Directo	or		10% Ov	vner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/13/2016									Officer below)	(give title		Other (s below)	specify		
ONE ALLISON WAY																					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) INDIANAPOLIS IN 46222													X	X Form filed by One Reporting Person							
, in the second														Form filed by More than One Reporting Person							
(City)	(SI	tate)	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Inst	tr. 3)		2. Trans	action		A. Deem		3.			ities Acqui			5. Amou				7. Nature		
Date				Dav/Ye	Execution Date ay/Year) if any			e, Transaction Disposed Code (Instr. 5)			d Of (D) (Instr. 3, 4 ar		4 and	Securitie Benefici				of Indirect Beneficial			
(Monanae						(Month/Day/Yea									Owned I	Following (i) (I		nstr. 4)	Ownership		
								Code	v	Amount	(A) or (D) Prid		rice	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
									s, option												
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rity	8. Price of Derivative Security (Instr. 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)				
					Code	V	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Shar	ber							
Deferred Stock	(2)	05/13/2016			A		3,628		(2)		(2)	Common Stock	3,6	28	\$0 <sup>(3)</sup>	8,698		D			

# **Explanation of Responses:**

- 1. The deferred stock units ("DSUs") represent the portion of the reporting person's annual equity award under the Allison Transmission Holdings, Inc. (the "Company") Second 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 vest on the date of the next annual meeting of the stockholders of the Company. 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 number of DSUs received was calculated based on \$27.56, which was the closing price of the Company's common stock on the date of grant.

### Remarks:

/s/ Eric C. Scroggins, attorneyin-fact

\*\* Signature of Reporting Person

05/16/2016

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.