FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPE	ROVAL
OMB Number:	3235-0287
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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

												.,, , , , , ,								
1. Name and Address of Reporting Person*  Basso Rafael							r Name <b>a</b> On Trai					ymbol ngs Ind		elationship o eck all applio Directo	,		son(s) to Iss			
(Last) (First) (Middle)							of Earlies	t Tran	saction (	Mont	:h/D	ay/Year)	2		Officer (give title below)  VP. Op		Other (spec below)			
C/O ALLISON TRANSMISSION HOLDINGS, INC.						f Am	endment,	Date	of Origin	al Fil	ed	(Month/Da	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) INDIANAPOLIS IN 46222					-	X Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City)	(S	tate)	(Zip)		Ru	Che	eck this box	x to inc	, dicate that	a trai	nsad	ction was n	nade pursu	ant to a		ract, instruction 10.	on or written	plan th	nat is intende	ed to
		Tab	le I - No	n-Deri	vative	e Se	ecuritie	s Ac	cquirec	i, D	isp	osed o	of, or Be	enefi	ciall	y Owned	I			
Date				2. Trans Date (Month			2A. Deem Execution if any (Month/D	Code				ties Acqui d Of (D) (In		4 and Securitie Benefici Owned F		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v		Amount	(A) o	r Pr	ice	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock				02/2	2/22/2024				M			886	A		(1)	4,	192		D	
Common	mmon Stock 02/2			2/2024				M			15	A	$\perp$	(2)	4,207		D			
Common Stock 02/22				2/2024	/2024			F			306 <sup>(3)</sup> D		\$	73.3				D		
		٦	Γable II -						. ,		•		, or Ber ble sec		•	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transa Code (i 8)	ction	5. Number of		6. Date Expirati (Month/	Exerc on Da	cisa ate	ble and	7. Title at Amount Securitie Underlyit Derivativ (Instr. 3 a	nd of s ng e Secu		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e C s F lly C o (l	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	Date Exercisable		xpiration ate	Title	Amo or Num of Shar							
Employee Stock Option (right to buy)	\$70.88	02/21/2024			A		6,438		(4)		02	2/21/2034	Common Stock	6,4	138	\$0	6,438	3	D	
Restricted Stock Units	(5)	02/21/2024			A		2,146		(6)			(6)	Common Stock	2,1	.46	\$0	2,146	5	D	
Restricted							İ	ĺ			Г		C							

## **Explanation of Responses:**

Stock

Units Dividend

Equivalent Rights

(1)

(2)

1. Settlement of restricted stock units ("RSUs") granted on February 22, 2023. Each RSU represents a contingent right to receive one share of Allison Transmission Holdings, Inc. ("ALSN") common stock.

886

15

(1)

(2)

- 2. Settlement of dividend equivalent rights ("DERs"). The DERs accrued when and as dividends were paid on ALSN common stock and vest proportionately with the RSU to which they relate. Each DER is the economic equivalent of one share of ALSN common stock.
- 3. Represents shares withheld by ALSN to satisfy tax withholding obligations on the vesting of DERs and RSUs.
- 4. The options vest in three equal annual installments beginning on February 21, 2025.

02/22/2024

02/22/2024

- 5. Each RSU represents a contingent right to receive one share of ALSN common stock.
- 6. The RSUs vest in three equal annual installments beginning on February 21, 2025.

/s/ Preston B. Ray, attorney-in-02/23/2024 fact

Common

Stock

Commor

Stock

(2)

886

15

\$0

\$0

1.772

117

D

D

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

M

M

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).