Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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OMB APPROVAL									
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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* <u>EVERITT DAVID C</u>					2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]								ck all appli	cable)		erson(s) to Issuer 10% Owner		
(Last) ONE AL	(Fi	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/09/2019									Officer below)	(give title	Other (specify below)		
(Street) INDIANAPOLIS IN 46222				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)											1 0130				
		Tab	le I - Non-D	Perivativ	e Se	curitie	s Ac	quired, [	Disp	osed o	of, or Be	nefi	icially	Owne	t			
Date				Transaction ate lonth/Day/Y	Execution Date,			Code (Ir	Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5)			4 and Securiti		es Fo ially (D Following (I)		Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D) Prid		rice	Transac (Instr. 3	ction(s)			(111501.4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	action (Instr.	n of E		Expiration I	s. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	or Nu of		ount nber res					
Deferred Stock Units <sup>(1)</sup>	(2)	05/09/2019		A		2,880		(3)		(3)	Common Stock	2,8	880	\$0 <sup>(4)</sup>	2,880		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") Fifth Amended and Restated Director Compensation Policy (the "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 \$45.13, which was the closing price of the Company's common stock on the date of grant.

## Remarks:

/s/ Jacalyn C. Bolles, attorney-05/10/2019 in-fact

\*\* Signature of Reporting Person

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.