## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

Department of the Treasury Internal Revenue Service		► See separate instructions.		
Part I Reporting	Issuer			
1 Issuer's name			2 Issuer's employer identification number (EIN)	
Allison Transmis	sion Holdings.	Inc.	26-0414014	
3 Name of contact for ac		Telephone No. of contact	5 Email address of contact	
Fred Bohley	3	17-242-3078	ir@allisontransmission.com	
6 Number and street (or	P.O. box if mail is not de	7 City, town, or post office, state, and Zip code of contact		
One Allison Way		Indianapolis, IN 46222		
8 Date of action				
June 03, 2016		Distribution to public		
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
01973R101		ALSN		
Part II Organizat	ional Action Attach	additional statements if needed. See	back of form for additional questions.	
share or as a percendistribution wil	tage of old basis ▶ The l be treated as x basis. Any ar	Company currently estimes a nontaxable return of	y in the hands of a U.S. taxpayer as an adjustment per nates that 66.33% of this capital to the extent of the nareholder's tax basis will be	
valuation dates ▶ Pt of Allison Trans and profits of A profits of Allis 2016 current and	ursuant to Inte mission Holding llison Transmis on's foreign su accumulated ea that 66.33% of	rnal Revenue Code sections is son, Inc. distributions is son, Inc. only, and does absidiary companies. Alliamings and profits support this distrubution is to	tion, such as the market values of securities and the ns 301(c) and 316(a), the taxability is calculated based on the earnings is not include the earnings and ison Transmission, Inc. estimated out Allison Transmission Holdings, be a nontaxable return of capital	

Part I		Organizational Action (co	ontinued)			
			le section(s) and subsection(s) up	on which the tax treatmen	t is based 🕨	
incer	IIdT	Revenue Code section	on sur(c) and sro(a)			
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1 <b>8</b> Ca	an any	y resulting loss be recognized? ▶	N/A	· · · · · · · · · · · · · · · · · · ·	**************************************	
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<b>9</b> Pr	ovide	any other information necessary	to implement the adjustment, suc	n as the reportable tax ye	ar ► <u>NONE</u>	4
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	Under belief	r penalties of perjury, I declare that I , it is true, correct, and contplete Dec	have examined this return, including plaration of preparer (other than officer	accompanying schedules an i is based on all information c	d statements of which prepa	, and to the best of my knowledge and arer has any knowledge.
Sign						
lere	Signa	nture > WM	74	Date ►	22 J	ny 2016
	2,9,,5	705				
	Print	yourname ➤ David Grazios		Title ►	President,	Chief Financial Officer and Treasure
Paid		Print/Type preparer's name	Preparer's signature	Date		Check if PTIN
repa						self-employed
Jse O		Firm's name				Firm's EIN ▶
		Firm's address ►				Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054