FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

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

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

<ul> <li>obligations may continue. See</li> <li>Instruction 1(b).</li> <li>Filed pursuant to Section 16(a) of the Securities Exchange Act of 19</li> <li>or Section 30(h) of the Investment Company Act of 1940</li> </ul>											934		h	nours per re	esponse:	0.5						
1. Name and Address of Reporting Person* Altmaier Judy L					Issuer Name and Ticker or Trading Symbol     Allison Transmission Holdings Inc [ ALSN ]										[ ] (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
-					3. Date of Earliest Transaction (Month/Day/Year)									_	X Direct Office belov	er (give	title	10% O Other ( below)				
(Last) (First) (Middle) C/O ALLISON TRANSMISSION HOLDINGS, INC.				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applical Line)									
ONE ALLISON WAY																X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Street) INDIANAPOLIS IN 46222					Rι	ıle	10b5	-1(c	) Tra	ansa	cti	on Inc	dica	ition								
(City)	City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												ed to									
		Tab	le I - Non	-Deriva	tive	Se	curitie	es Ac	quir	red, D	isp	osed c	of, o	r Bei	neficia	lly Owne	ed					
1. Title of Security (Instr. 3)  2. Transa- Date (Month/Di			Execution if any				3. Transaction Code (Instr. 8)					Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership						
							C	ode V		Amount		(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 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)	Derivative Conversion Date Execution Date, Cocurity or Exercise (Month/Day/Year) if any			ransaction of Eode (Instr. Derivative (I			Expir	ite Exerc ration D ith/Day/\	ate		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	deriva Secur Bene Owne Follow Repo	rities ficially ed wing rted saction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
							1				l				Amount							

## **Explanation of Responses:**

Dividend

Rights

Equivalent

1. The dividend equivalent rights accrued on previously awarded deferred stock units ("DSUs") and vest proportionately with the DSUs to which they relate. Each dividend equivalent right is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

Date Exercisable

(1)

Expiration Date

(1)

Title

Stock

/s/ Preston B. Ray, attorney-in**fact** \*\* Signature of Reporting Person

Shares

73

\$<mark>0</mark>

12/04/2023 Date

888

D

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

(A) (D)

73

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

11/30/2023

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

Code

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.