Instruction 1(b)

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	STATEMENT OF CHANG
obligations may continue. See	

GES 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* Coll John						2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]									eck all appli Directo	,	g Pers	on(s) to Iss 10% Ov Other (s	vner		
(Last) ONE AL	(Fi	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2017									X below)		obal N	below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Street) INDIANAPOLIS IN 46222 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	`	•		n-Deriv	/ative	Se	curit	ies Ac	quired	, Dis	posed o	of, or E	Benef	icial	ly Owned						
Date					saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			rities Acquired (A) o d Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	mount (A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)			
Common Stock			07/01	L/2017	/2017					7,000	7,000 A		(1)	7,	7,000		D				
Common Stock			07/01	01/2017				F		2,213	(2)) ;	\$37.5	1 4,	4,787		D				
Common Stock 07/				07/01	L/2017	/2017					60		A	(3)	4,847			D			
Common Stock 07/01/2					L/2017	2017		F		19 ⁽⁴⁾ D \$		\$37.5	1 4,828			D					
		Т	able II -								osed of converti				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. Transactior Code (Instr. 8)		5. Number of		6. Date Exercis Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nui of	ount mber ares							
Restricted Stock Units	(1)	07/01/2017			M			7,000	(1)		(1)	Commo Stock	ⁿ 7,	000	\$0	14,000		D			
Dividend Equivalent Rights	(3)	07/01/2017			M			60	(3)		(3)	Commo Stock	n (60	\$0	237		D			

Explanation of Responses:

- 1. Settlement of restricted stock units ("RSUs"). On October 13, 2016, the reporting person was granted 21,000 RSUs, vesting in three equal installments on July 1, 2017, 2018 and 2019. Each RSU represents a contingent right to receive one share of Allison Transmission Holdings, Inc. ("ALSN") common stock.
- 2. Represents shares withheld by ALSN to satisfy tax withholding obligations on the vesting of RSUs.
- 3. 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.
- 4. Represents shares withheld by ALSN to satisfy tax withholding obligations on the vesting of DERs

Remarks:

/s/ Eric C. Scroggins, attorneyin-fact

** Signature of Reporting Person

07/05/2017

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.