FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* RABAUT THOMAS W (Last) (First) (Middle)		2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc ALSN									ck all app Direc	licable) tor er (give title	ting Person(s) to Iss 10% Ow e Other (s below)		Owner (specify	
C/O ALLISON TRANSMISSION HOLDINGS INC.		3. Date of Earliest Transaction (Month/Day/Year) 02/04/2022										,		ŕ		
ONE ALLISON WAY	4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) INDIANAPOLIS IN 46222										X		filed by Or filed by Me on		•		
(City) (State) (Zip)																
Table I - Non-Do		_			uired,	Dis	- 			_	_					
Date	Fransaction te onth/Day/Year)	Execution Date,		ution Date,		ction nstr.						es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	Amount	(A) or (D)	Pric	е	Transaction((Instr. 3 and				(111341. 4)		
Common Stock ⁽¹⁾ 02	2/04/2022				A		550	A	\$0) (2)	1,151		D			
Common Stock										63,163 ⁽³⁾			I	Thomas Willi Rabaut Living Trust DTD 7/23/1999		
Table II - Der (e.o	erivative Se										Owned	t				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date if any (Month/Day/Year)	d 4. Date, Transa	action	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
	Code	v	(A)	(D)	Date Exercis	able	Expiration Date	1	Amoun or Numbe of Shares	r						

Explanation of Responses:

- 1. These shares represent a quarterly payment of the reporting person's annual retainer under the Allison Transmission Holdings, Inc. (the "Company") Fifth Amended and Restated Non-Employee Director Compensation Policy ("Policy"). The annual retainer is paid quarterly in arrears in cash or common stock at the reporting person's discretion.
- 2. The number of shares of common stock received was calculated based on \$38.58, which was the closing price of the Company's common stock on the date of grant.
- 3. The number of shares reported as indirectly held includes: (1) 7,000 shares that were purchased by the Reporting Person on March 20, 2012 by the Reporting Person's living trust that were incorrectly included in the directly held total, (2) 3,211 shares received as part of the Reporting Person's annual equity award on May 8, 2014, that were inadvertently not included in the total number of shares owned by the Reporting Person and were subsequently transferred to the Reporting Person's living trust on November 10, 2021, and (3) 5,475 shares that were purchased by the Reporting Person on November 12, 2021, via the Reporting Person's living trust but were incorrectly reported as being directly held.

/s/ Jacalyn C. Bolles, attorney- 02/08/2022 in-fact

** Signature of Reporting Person 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.