FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNERS	SHIP
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OMB APPROVAL									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Basso Rafael					2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) C/O ALLISON TRANSMISSION HOLDINGS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024									X Officer (give title Other (specify below) VP, Operations					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) INDIANAPOLIS IN 46222					X Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication 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.														
					<u> </u>	satis	fy the aff	irmative	e defense o	onditio	ons of Rule	10b5-1(c). S	See Instruct	ion 10.						
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Ac	quired	Dis	posed (of, or Be	neficia	lly Owne	d					
Date			Date	nsaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefic Owned	es ally Following	6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	et o	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(1	nstr. 4)		
Common Stock 0.				02/23	/2024	2024		M		999	A	(1)	4,	4,900						
Common Stock				02/23	3/2024				М		38	A	(2)	4,	938	D				
Common Stock			02/23	/2024				F		314(3) D	\$74.6	4,624		D					
		Т										, or Ben		y Owned						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) Execution if any (Month/Day			n Date, Transaction Code (Ins					6. Date Exercisab Expiration Date (Month/Day/Year)		Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Owner Form Direct or Inc. (I) (In	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisal		expiration Date	Title	Amount or Number of Shares							
Restricted Stock Units	(1)	02/23/2024			М			999	(1)		(1)	Common Stock	999	\$0	1,000	1)			
Dividend Equivalent Rights	(2)	02/23/2024			M			38	(2)		(2)	Common Stock	38	\$0	79)			

Explanation of Responses:

- 1. Settlement of restricted stock units ("RSUs") granted on February 23, 2022. Each RSU represents a contingent right to receive one share of Allison Transmission Holdings, Inc. ("ALSN") common stock.
- 2. 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.
- 3. Represents shares withheld by ALSN to satisfy tax withholding obligations on the vesting of DERs and RSUs.

/s/ Preston B. Ray, attorney-in-02/27/2024 **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.