FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL										
OMP North and	0005 0007									
OMB Number:	3235-0287									
Estimated average t	ourden									
houre per reenonee	0.5									

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
	2. Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* Reynolds Richard VanFleet				2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]										of Reporting cable) or (give title	g Pers	son(s) to Iss 10% Ov Other (s	vner			
(Last) (First) (Middle) C/O ALLISON TRANSMISSION HOLDINGS, INC.				ate of 05/2		Tran	saction (Mor	ith/D	ay/Year)			below)		below)		pecity				
ONE ALLISON WAY				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	APOLIS IN	1	46222											X		led by Mor	•	orting Person One Repor		
(City)	(St	rate)	Zip)																	
		Tab	le I - Nor	ı-Deriv	ative	Se	curities	s Ac	quired, D	isp	osed o	of, or Be	neficia	lly (Owned	ı				
1. Title of Security (Instr. 3) 2. Transat Date (Month/D:				ay/Year) Ex		ed n Date ay/Yea	Code (Instr.					ıd	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	/	Amount	(A) or (D)	Price		Transact (Instr. 3	ion(s)			(1130.4)			
		Т							uired, Dis s, options					y O	wned					
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/Day	Date,	4. Transa Code (8)		of		6. Date Exercisabl Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		cpiration ate	Title	Amount or Number of Shares							
Deferred Stock Units ⁽¹⁾	(2)	05/05/2022			A		3,746		(3)		(3)	Common Stock	3,746		\$0 ⁽⁴⁾	33,521		D		

- 1. The deferred stock units ("DSUs") represent the portion of the reporting person's annual equity award under the Allison Transmission Holdings, Inc. (the "Company") Sixth Amended and Restated Director Compensation Policy ("Policy") deferred pursuant to the Company's Amended and Restated Non-Employee Director Deferred Compensation Plan.
- 2. Each DSU is the economic equivalent of one share of the Company's common stock. The DSUs become payable, in common stock, or at the Company's election cash, at the earlier of the reporting person's separation from service or a change in control. DSUs earn dividend equivalents when dividends are declared on the Company's common stock.
- 3. The DSUs vest on the date of the next annual meeting of the stockholders of the Company.
- 4. The number of DSUs received was calculated based on \$38.70 which was the closing price of the Company's common stock on the date of grant.

/s/ Jacalyn C. Bolles, attorney-05/06/2022 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.