FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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*					2. 1	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer						
Scroggins Eric C.					<u>A</u>	Allison Transmission Holdings Inc [ALSN]								(Chec	k all appli Directo	,		10% Ov	unor	
<u>5000</u> 88	IIIO EIIC C	<u></u>			_									X		(give title		Other (s	·	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								below)			below)	peony	
(Last) (First) (Middle) ONE ALLISON WAY							02/08/2013							VP, Gen. Counsel and Secretary					ry	
ONE AL	LISON WF	X Y																		
		- 4. ľ	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
(Street)	ADOLIC IN	XT.	46222											Line)	Eorm f	iled by One	Don	ortina Darco	,	
INDIANAPOLIS IN 46222															X Form filed by One Reporting Person Form filed by More than One Reporting					
(6)															Person					
(City)	(5	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	vative	e Se	curit	ies Ad	quire	d, Di	sposed (of, or Be	enefic	ially	Owned	i				
1. Title of	Security (Inst	tr. 3)			saction							ities Acqui							7. Nature	
				Date (Month	h/Day/Year)		Execution Date, if any		Cod	, Transaction Dispose Code (Instr. 5)		d Of (D) (In	and	Securition Benefici	ally (D)		m: Direct or Indirect	of Indirect Beneficial		
					(Month/Day/Year)		ır) 8)						Owned I Reporte	ollowing d	(I) (In		Ownership (Instr. 4)			
									Cod	e v	Amount	(A) or Pi		се	Transaction(s) (Instr. 3 and 4)					
Common	Stock			02/0	8/201	2			S ⁽¹	_	1,00	0 D	\$	23.5	6	367		D		
								-	_		_	_								
Common	ommon Stock 02/11/2				1/201	2013			M (1)	1,90	1,900 A		8.44	8,267		D			
		1	able II -	Deriva	ative	Sec	uritie	s Acc	uired.	Disi	posed of	, or Ben	eficia	ally C	Owned					
											converti									
1. Title of	2.	3. Transaction	3A. Deeme		4.		5. Number				sable and				. Price of	9. Number			11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	Date,	Transaction Code (Inst 8)				Expirat (Month)					Derivative Security (Instr. 5)		derivative Securities Beneficially Owned		Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
(Instr. 3)	Price of Derivative	, , ,	(Month/Da	y/Year)			Sec	Securities Acquired			,									
	Security						(A) or Disposed					(Instr. 3 a		",		Following		(I) (Instr. 4)	(111301.4)	
							of (i								Reported Transaction(s) (Instr. 4)					
							(Instr. 3, 4 and 5)													
				ŀ									Amou	unt						
													or Numb	ner						
				Code	Code	v	(A)		Date Exercis	ahle	Expiration Date	Title	of Share	res						
Employee			<u> </u>		3000	Ľ	100	(5)				1.100	Jonard	+						
Employee Stock									(2)		00 (00 (00 : 7	Common	1.00	,				_		
Option (right to	\$8.44	02/11/2013			M			1,900	(2)		03/29/2018	Stock	1,90	ן ע	\$0	21,475		D		

Explanation of Responses:

- 1. The exercise reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 21, 2012.
- $2. \ The \ option \ vested \ in \ five \ equal \ annual \ installments \ beginning \ on \ December \ 17, \ 2008.$

Remarks:

<u>/s/ Eric C. Scroggins</u> <u>02/12/2013</u>

** 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.