FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL										
OMB Number: 3235-028										
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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* HAZNEDAR CAROLANN I				2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]									Relationship neck all appli X Direct	cable) or	g Pers	10% O	vner		
(Last) C/O ALI INC.	,	rst) (ANSMISSION H	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/05/2022									below	r (give title)		Other (below)	sреспу <u> </u>	
ONE ALLISON WAY					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)	(St	ate) (Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date			Date	Code (Instr.				red (A) or str. 3, 4 an	Benefic	es F ally (I Following (I	Form (D) o	Ownership orm: Direct O) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	r Price	Transac	nsaction(s) etr. 3 and 4)			(11150.4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		s silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Deferred Stock Units ⁽¹⁾	(2)	05/05/2022		1	A		3,746		(3)		(3)	Common Stock	3,746	\$0 ⁽⁴⁾	15,076	5	D		

Explanation of Responses:

- 1. These 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 Non-Employee Director Compensation 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.