SEC Form 4	
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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).

## FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT	OF CHANG	ES IN BEN	EFICIAL C	WNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					or Sec	tion 30(h) of the	invest	men	Con	ipany Aci		940								
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Basso Rafael					1 1115	on manshi	155101			<u>1155 111</u>	<u> </u>	7 LDI (	1	Direct	or		10% Ov	vner		
(Last)	(Fi	3. Date of Earliest Transaction (Month/Day/Year)								1 :	X Officer below	(give title		Other (s below)	specify					
						11/30/2023								VP, Operations						
C/O ALLISON TRANSMISSION HOLDINGS, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
ONE ALLISON WAY														X Form filed by One Reporting Person				on		
(Street)														Form Perso	filed by Mo n	re than	One Repo	orting		
INDIANAPOLIS IN 46222   Rule 10b5-1(c) Transaction Indica								ation												
(City)	(S	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In							to a cont Instruction	tract, instruct on 10.	ion or writter	n plan th	nat is intende	ed to			
		Tab	le I - Nor	n-Deriva	ative Se	ecurities Ac	quire	ed,	Disp	osed o	of, c	or Ben	eficial	ly Owne	d					
1. Title of Security (Instr. 3) Date (Month/D					ar) (Month/Day/Year)		Code (Instr. 5)					Securiti Benefici	Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
							Co	ode	v	Amount		(A) or (D)	Price	Transaction(a)				(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any	Date, T	Transactio Code (Inst		6. Date Expira (Monti	ation	Date	ble and )	Am Sec	itle and ount of curities		8. Price of Derivative Security	9. Number derivative Securities	.  i	10. Ownership Form:	11. Nature of Indirect Beneficial		

Derivative Security (Instr. 3)	conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transa Code ( 8)				Expiration Date (Month/Day/Year)				Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							
Dividend Equivalent Rights	(1)	11/30/2023		Α		21		(1)	(1)	Common Stock	21	\$0	154	D				

Explanation of Responses:

1. The dividend equivalent rights accrued on previously awarded restricted stock units ("RSUs") and vest proportionately with the RSUs to which they relate. Each dividend equivalent right is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

/s/ Preston B. Ray, attorney-in-	12/04/2022
fact	12/04/2023

\*\* 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.