FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT OF</b>	<b>CHANGES IN B</b>	BENEFICIAL	OWNERSHIP
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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)					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2024											Officer (give title below)  VP, Op		Other (s below)	specify		
C/O ALLISON TRANSMISSION HOLDINGS, INC.				4. If											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.										ed to											
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date					Exec Day/Year) if an		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			d (A) or r. 3, 4 and	Benefici Owned	es ally Following	Form (D) o	n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership		
									Со	ode V		Amount	(A (D	) or )	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock			02/10	/2024					М		415		A	(1)	3,433			D			
Common Stock 02			02/10	)/2024	/2024			N	M		22		A	(2)	3,	3,455		D			
Common Stock 02/10/			)/2024	/2024			I	F		149 <sup>(3)</sup> D		\$61.	3,306		D						
		Т		Deriva (e.g., p						•	•		•		-	Owned					
1. Title of Derivative Security (Instr. 3)  1. Title of Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		Transaction Code (Instr.		n of		e Exerc ation Da h/Day/Y	ate	ble and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exerci	isable	Ex Da	piration ate	Title	C	Amount or Number of Shares						
Restricted Stock Units	(1)	02/10/2024			М			415	(1	1)		(1)	Commo		415	\$0	0		D		
Dividend Equivalent Rights	(2)	02/10/2024			M			22	(2	2)		(2)	Commo		22	\$0	132		D		

## Explanation of Responses:

- 1. Settlement of restricted stock units ("RSUs") granted on February 10, 2021. 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-infact 02/13/2024

\*\* 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.