FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1	OIVID APPI	TOVAL								
	OMB Number:	3235-0287								
	Estimated average burden									

0.5

hours per response:

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

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)						
<u>Headly Michael G.</u>					THISON TRANSMISSION TROCKINGS THE [TESTV]					` '	Directo			10% Ow	· I		
					Date of Earliest Transaction (Month/Day/Year)						Officer below)	(give title		Other (specification)	pecify		
(Last) (First) (Middle)					03/11/2013						,	Outside N	orth	,			
ONE ALLISON WAY											, 1,	, 1, 0 4.0.140 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
					4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ir	6. Individual or Joint/Group Filing (Check Applicable						
(Street)											- 1	Line)					
INDIANAPOLIS IN 4622		46222								_	Form filed by One Reporting Person						
(City) (State) (Zip)										Form filed by More than One Reporting Person				ing			
		Та	ble I - Non-D	erivati	ve Se	ecurities	s Ac	quired, Di	isposed	of, or Be	neficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da				te	Execution Date,		Code (Instr.			ed (A) or str. 3, 4 and 5	Beneficia Owned F	es Formally (D) (Sollowing (I) (I		Direct I Indirect E tr. 4) (7. Nature of Indirect Beneficial Ownership		
							Code V	Amour	t (A) o	r Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
			Table II - De					uired, Dis				Owned					
1. Title of	2.	3. Transaction	3A. Deemed	4.	-,	5. Numbe	_	6. Date Exerc		7. Title an		8. Price of	9. Number	of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date Execution Do (Month/Day/Year)	Execution Date,	Transa Code		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction	у	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		(Instr. 4)				
Dividend Equivalent Rights	(1)	03/11/2013		A		133.393		(1)	(1)	Common Stock	133.393	\$0	133.393	3	D		
Dividend Equivalent Rights	(2)	05/31/2013		A		279.998		(2)	(2)	Common Stock	279.998	\$0	413.391		D		

Explanation of Responses:

- 1. The dividend equivalent rights accrued on one previously awarded restricted stock unit ("RSU") 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.
- 2. The dividend equivalent rights accrued on two previously awarded 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.

Remarks:

/s/ Eric C. Scroggins, attorney-

in-fact

06/04/2013 ** 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.