FORM 4

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

Washington, D.C. 20549

s box if no longer subject to	
6. Form 4 or Form 5	
s may continue. See	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Check this Section 1 obligation 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*     Wanaselja James L.						2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]								heck a	all applic Directo	able)	Person(s) to Iss 10% Ov Other (s		wner
(Last) (First) (Middle) ONE ALLISON WAY						3. Date of Earliest Transaction (Month/Day/Year) 12/02/2013								X	below)  VP, NA Mkt Sa			below)	
(Street) INDIANAPOLIS IN 46222 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(5		(Zip)	Non-Deri	vativ	e Sec	urit	ίος Δ	cauire		isposed o	of or B	aneficia	lly C	)wned				
1. Title of Security (Instr. 3) 2. Transa Date			2. Transac	tion	2A. D Exec if any	eeme		3. Transa Code ( 8)	ction	4. Securities Disposed Of	Acquired	(A) or		5. Amount of Securities I Beneficially Owned Following		Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	- 1	Reported (Ir Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Common Stock			12/03/2013		3			M		23,000	A	\$12.6	66 4		7,611		D	
Common	Stock			12/03/2	2013				S <sup>(1)</sup>		23,000	D	\$26.993	<b>2</b> <sup>(2)</sup>	24	,611	_		
		-	Table								sposed of, , convertil			y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ion Date, //Day/Year)	4. Transa Code ( 8)			6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		Dei	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$12.66	12/03/2013			M			23,000	(	3)	09/30/2017	Commor Stock	23,000	)	\$0	19,189	)	D	
Dividend Equivalent Rights	(4)	12/02/2013			A		88		(	4)	(4)	Commor Stock	88		\$0	334		D	

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 30, 2013.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$26,9000 to \$27,1500. The reporting person undertakes to provide the Company, any security holder of the Company or the staff of the SEC, upon request, full information regarding the number of shares sold at each separate price within the range set fort in this footnote.
- 3. The option vested in five equal annual installments beginning on August 7, 2008.
- 4. The dividend equivalent rights accrued on two 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.

## Remarks:

/s/ Eric C. Scroggins, attorney-

12/04/2013

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.