FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

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Name and Address of Reporting Person* Doop Sharon I						2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Dean Sharon L.															Direct	or		10% O	wner		
																r (give title		Other (specify		
(Last)			3. Date of Earliest Transaction (Month/Day/Year)									below	,		below)						
						06/03/2016									VF	, Quality a	ınd I	Reliability			
ONE ALLISON WAY																					
,							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line)						
INDIAN	APOLIS IN	1	46222										X Form filed by One Reporting Person								
TOPE TO THE TOPE OF THE TOPE O												1	Form filed by More than One Reporting								
																Person					
(City) (State) (Zip)																					
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	es Ao	cquired,	Disi	oosed	of. or B	enef	icial	lv Owne	d					
						_															
1. Title of	Security (Inst	tr. 3)		2. Trans	action	ction 2A. Deeme Execution				3. 4. Securit Transaction Disposed					5. Amo	ies For			7. Nature of Indirect Beneficial		
				(Month/I	Day/Yea	ar) i	if any		Code (Instr. 5)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	Benefic			or Indirect			
						- [(Month/Day/Yea		ear) 8)					- Owned Reporte				Ownership (Instr. 4)			
									Code	Code V		Amount (A)		Price	Transac	ction(s)			(
												" (D) F			(Instr. 3	and 4)					
		Т	able II - I	Derivat	ive S	Secu	ırities	Acq	uired, Di	spc	sed of	, or Ber	nefic	ially	Owned						
									s, option												
1. Title of	2.	3. Transaction	3A. Deeme	ed	4.		5. Numbe		6. Date Exe	6. Date Exercisal		7. Title and			8. Price of	9. Number of	of	10.	11. Nature		
Derivative	Conversion	Date	Execution	Date,	Transaction Code (Instr. 8)		on of		Expiration Date Amount of (Month/Day/Year) Securities Underlying			of	Derivativ		derivative		Ownership	of Indirect			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Da												Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
(instr. 3)	Derivative		(Month/Da	yrrear)					Derivative Secu					(mstr. 5)	Owned		or Indirect	(Instr. 4)			
	Security						(A) o	r	(Instr. 3 and 4)				1		Following		(I) (Instr. 4)	, ,			
								Disposed of (D)								Reported Transaction(s)					
						(Instr. 3, 4									(Instr. 4)			1			
				L			and 5)														
													Amo	ount							
													or Nun	abor							
									Date	E	piration		of	ibei							
				- 1	Code	٧	(A)	(D)	Exercisable	Di	ate	Title	Sha	res							
Dividend												Common									
Equivalent Rights	(1)	06/03/2016			A		36		(1)		(1)	Stock	3	6	\$0	200		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 rights is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

Remarks:

/s/ Eric C. Scroggins, attorneyin-fact 06/07/2016

** 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.