FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	ΩF	CHANGES	IN RE	NEFICIAL	OWNER	SHIP
SIAIEMENI	UF	CHANGES	IIN DE	INEFICIAL	. OVVINER	SHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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

Name and Address of Reporting Person* Pittard Dana JH				2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]									all app Direct Office	tor 10 er (give title Of		10% Ov	% Owner her (specify		
(Last) (First) (Middle) C/O ALLISON TRANSMISSION HOLDINGS,				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024									Λ	vP, Defense		se Pr	below)		
INC. ONE ALLISON WAY					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						
(Street) INDIANAPOLIS IN 46222			Dut	Form filed by More than One Reporting Person											orting				
(City)	y) (State) (Zip)					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.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Date,			es Acquired (A) o Of (D) (Instr. 3, 4		and Securiti		ties Fo cially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Pric	Tropone		ction(s)			(111511.4)
Common Stock 02/28				02/28/	/2024				G ⁽¹⁾		1,483	D	\$	0	3,660			D	
Common Stock 02/2			02/28/	/2024				G ⁽¹⁾		1,483	A	\$	0	14,887			I	Pittard Living Trust	
		Tal									sed of, o				Owned	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Expi		Expiration	Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price c Derivativ Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	0 N 0	mount r lumber f hares						

Explanation of Responses:

1. Represents the transfer of shares by the reporting person to the Pittard Living Trust.

/s/ Preston B. Ray, attorney-in-02/29/2024 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.