## SEC Form 4

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## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

|  | OMB Number: 323          | OMB Number: 3235-0287 |  |  |  |  |  |  |  |
|--|--------------------------|-----------------------|--|--|--|--|--|--|--|
|  | Estimated average burden |                       |  |  |  |  |  |  |  |
|  | hours per response: 0    |                       |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*<br>LAVIN RICHARD P |                     |               |  | er Name <b>and</b> Ticke<br>on Transmiss | 0                                 | ymbol<br>ings Inc [ ALSN ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |  |  |  |
|---|---------------------|---------------|--|--|-----------------------------------|----------------------------|---|--|---|--|--|--|
|   |                     |               |  |  |                                   |                            | X   | Director                                   | 10%   | Owner                                  |  |  |
| (Last)  | (First)<br>ISON WAY | (Middle)      | 3. Date<br>05/29                           | e of Earliest Transa<br>/2020            | ction (Month/E                    | Day/Year)                  |   | Officer (give title<br>below)              | e Other<br>below                                | r (specify<br>v)                       |  |  |
|   |                     |               | 4. If An                                   | nendment, Date of                        | Original Filed                    | (Month/Day/Year)           | 6. Individual or Joint/Group Filing (Check Applicable                   |  |   |  |  |  |
| (Street)<br>INDIANAPOLIS IN 46222                           |                     |               |  |  |                                   |                            | Line)<br>X  | ,  | one Reporting Per<br>lore than One Re           |  |  |  |
| (City)  | (State)             | (Zip)         |  |  |                                   |                            |   | Person                                     |   |  |  |  |
|   |                     | Table I - Noi | n-Derivative S                             | ecurities Acq                            | uired, Disp                       | osed of, or Benefi         | cially  | Owned                                      |   |  |  |  |
| Date  |                     |               | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any  | 3.<br>Transaction<br>Code (Instr. |                            |   | 5. Amount of<br>Securities<br>Beneficially | 6. Ownership<br>Form: Direct<br>(D) or Indirect | 7. Nature<br>of Indirect<br>Beneficial |  |  |

| <br>Date<br>(Month/Day/Year)       | Execution Date,<br>if any<br>(Month/Day/Year) | Code (Instr. |   |        |               |       | Securities<br>Beneficially<br>Owned Following  | of Indirect<br>Beneficial<br>Ownership |
|------------------------------------|---|--------------|---|--------|---------------|-------|--|--|
|                                    |   | Code         | v | Amount | (A) or<br>(D) | Price | Reported<br>Transaction(s)<br>(Instr. 3 and 4) | (Instr. 4)                             |
| Derivative Sec<br>(e.g., puts, cal | •   | '            |   | ,      |               |       | Owned  |  |

(e.g., puts, calls, warrants, options, convertible securities)

| (c.g., puts, cans, warrants, options, convertible securities) |   |  |   |                              |   |     |     |  |                    |  |  |   |  |  |  |
|---|---|--|---|------------------------------|---|-----|-----|--|--------------------|--|--|---|--|--|--|
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | of  |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |   | Code                         | v | (A) | (D) | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |  |  |
| Dividend<br>Equivalent<br>Rights                              | (1)   | 05/29/2020                                 |   | A                            |   | 54  |     | (1)  | (1)                | Common<br>Stock  | 54                                     | \$0   | 207  | D  |  |

Explanation of Responses:

1. The dividend equivalent rights accrued on previously awarded deferred stock units ("DSUs") and vest proportionately with the DSUs to which they relate. Each dividend equivalent right is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

#### Remarks:

/s/ Jacalyn C. Bolles, Attorney-06/02/2020 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.