FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	

OMB APPROVAL OMB Number: 3235-0287

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 Estimated average burden hours per response: Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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	nd Address of n Krishna	Reporting Person*							cker or Trac ission H			_ <u>IC</u> [AI	SN]	(Che	eck all appli	cable)	g Pers	son(s) to Iss	
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(Last)	(Fi	irst)	(Middle)				ate of Earliest Transaction (Month/Day/Year) 31/2023								Officer below)	(give title		Other (s below)	pecify
C/O ALI	LISON TRA	ANSMISSION			4 1	Δmer	ndment	t Date	of Original	Filed	(Month/F)av/Vear	1	6 In	dividual or	loint/Group	Filing	(Check An	nlicable
ONE ALLISON WAY				4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
					-									1		-	•	•	
(Street)															Perso		e tnan	One Repo	rting
INDIAN	APOLIS IN	V	46222		<u> </u>	ا مار	Obc	1/0	\ Tropo	t	ion Ind	diaati							
			·		- Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate)	(Zip)		Ιп	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
							the aff	firmativ	e defense co	nditio	ns of Rule	10b5-1(c). See Ir	nstructio	on 10.				
		Tab	le I - Non	-Deriv	ative	Sec	uritie	es Ac	quired,	Dis	posed	of, or I	3enet	ficiall	y Owne	t			
1. Title of	Security (Ins	tr. 3)		2. Trans	action	tion 2A. Deemed Execution Date,			3. 4. Securities Acquired (A)										7. Nature
				Date (Month/I	Day/Yea	ay/Year) if			Code (Inst			ed Of (D) (Instr. 3, 4		, 4 and	Securitie Benefici	ially (D)	(D) or	or Indirect	of Indirect Beneficial
					(/	Month/Day/Yea		ar) 8)		 			Reporte	ed i	(I) (Ins		Ownership (Instr. 4)		
								Code	v	Amount	ount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		•							s, option						Ownea				
1. Title of	2.	3. Transaction	3A. Deeme		4.				6. Date Exercisa			7. Title and			8. Price of	9. Number		10.	11. Nature
Derivative Conversion Date Security or Exercise (Month/Day/Yea		Date (Month/Day/Year)	Execution if any		Transaction Code (Instr.				Expiration Date (Month/Day/Year)			Amount of Securities			Derivative Security			Ownership Form:	p of Indirect Beneficial
(Instr. 3)				8)		Securities Acquired		Under				rlying rative Security		(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security						(A) or					(Instr. 3 and 4)				Following Reported Transaction(s)		(I) (Instr. 4)	(111511.4)
								osed)											
								r. 3, 4 5)							(Instr. 4)				
				ŀ						Т		Ar		ount					
													or	mber					
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	of	ares					
		<u> </u>			Coue	<u> </u>	(4)	(0)	EVELCI29DI	9 0	uit	inte	Jana	u169					
Dividend Equivalent Rights	(1)	08/31/2023			A		12		(1)		(1)	Commo Stock		12	\$0	27		D	
								1	1			1					_		

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 right is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

/s/ Preston B. Ray, attorney-in-09/05/2023 <u>fact</u>

** 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.