| SEC Form 4 |
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FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| l | OMB Number: | 3235-0287 |
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| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |
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| The pursuant to Section 10(a) of the Securities Exchange Act of 1994 |
| or Section 30(h) of the Investment Company Act of 1940 |

| of Section So(n) of the investment company Act of 1440 | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|--|
| 1. Name and Address of Reporting Person* | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
| ASKREN STANLEY A | | X Director 10% Owner | | | | | | | | | |
| | | Officer (give title Other (specify | | | | | | | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2022 | below) below) | | | | | | | | | |
| C/O ALLISON TRANSMISSION HOLDINGS, | 03/10/2022 | | | | | | | | | | |
| INC. | | | | | | | | | | | |
| ONE ALLISON WAY | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | |
| (Street) | | X Form filed by One Reporting Person | | | | | | | | | |
| INDIANAPOLIS IN 46222 | | Form filed by More than One Reporting Person | | | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | (D) or Indirect | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|--------|---|---|---------------|-------|---|-----------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|-----|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Dividend Equivalent Rights | (1) | 03/18/2022 | | A | | 56 | | (1) | (1) | Common Stock | 56 | \$0 | 404 | 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.

| <u>/s/Jacalyn C. Bolles, Attorney-</u> | 02/22/2022 |
|--|------------|
| <u>in-Fact</u> | 03/22/2022 |

** 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.