FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235- | | | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | | | |

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 ar | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | | | heck all ap Dire | ctor er (give title | | 10% Ov | wner | | | | |
|--|--|--|---|--|---|-------|---|-------|---|-------------------------------------|------------------------|--|--|--|------------------------|---------------------------------|--|---|
| INC. | (Fi LISON TRA | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2022 | | | | | | | | | vp, Ge | n. Co | below) unsel | | | | |
| ONE AL | LISON WA | NY | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) INDIANAPOLIS IN 46222 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non-I | Deriva | ative | Sec | uritie | es Ac | quired, | Disp | osed (| of, or Be | eneficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (I | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | d Secur Benet | icially d Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | Trans | ction(s) 3 and 4) | | | (11150.4) |
| | 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) | ate, 1 | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exe Expiration (Month/Day | Date | | 7. Title an Amount of Securities Underlyin Derivative (Instr. 3 and | of S g e Security | 8. Price of Derivativ Security (Instr. 5) | | e Or S Fo Di Or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Dividend Equivalent Rights | (1) | 11/30/2022 | | | A | | 34 | | (1) | | (1) | Common Stock | 34 | \$0 | 268 | | 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 right is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

in-fact

/s/ Jacalyn C. Bolles, attorney-12/02/2022

** 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.