FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

	OMB APPRO	OVAL					
	OMB Number:	3235-0287					
l	Estimated average burden						
l	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*				2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kirk Randall R.											., ,	Direc	tor		10% Ov	vner		
4.0				3. [Date of Earliest Transaction (Month/Day/Year)							\dashv		Officer (give title below)		Other (specify below)		
(Last) (First) (Middle)					08/28/2015								SVP	Prod Eng	& Pro	duct Tea	$_{ m m}$ $ $	
ONE ALLISON WAY													J					
-					4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable					
(Street)				Il Amendment, Date of Original Filed (Month/Day/Teal)								Line)						
INDIAN	APOLIS IN	1	46222										X Form filed by One Reporting Person					
												Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)									Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	Security (Inst	tr. 3)	2.	Transaction		2A. Deei	med	3.		4. Secur	rities Acqui	red (A) or	5. Amo	unt of	6. Owr	nership	7. Nature	
	(5,	Da		Execution Date						str. 3, 4 aı	nd Securi Benefi			m: Direct	of Indirect Beneficial		
(MONTH/L				ontin Day/ Te	(Month/Day/Year) 8)						Owned	d Following (l) (l		Instr. 4)	Ownership			
							0.4.	.	A	. (A) c	or Price	Report	ed ction(s)			Instr. 4)		
						Code	v	Amount	nount (D)		(Instr.	3 and 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
		_						s, options					,					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number				7. Title and		8. Price of	9. Number of		0.	11. Nature		
			ransaction of code (Instr. Derivativ			of Expiration Date Derivative (Month/Day/Year)			Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial			
(Instr. 3) Price of Derivative (Month/Day/Yea			ear) 8)	•	Securities		Underlying Derivative Secu				(Instr. 5)	Beneficially Owned			Ownership (Instr. 4)			
Security					Acquired Derivative Sec (A) or (Instr. 3 and 4)								Following (I) (In) (Instr. 4)	(instr. 4)		
						Disposed of (D)								Reported Transaction(s)				
					(Instr. 3, 4 and 5)								(Instr. 4)	(3)				
				-	and		P)				 		-					
									1			Amount or						
								D-4-	 			Number						
				Code	v	(A)	(D)	Date Exercisable	Date	oiration te	Title	of Shares						
Dividend	(1)	00/20/2015				20		(1)		(1)	Common	28		240		D.		
Equivalent Rights	(1)	08/28/2015		A		28		(1)		(1)	Stock	20	\$0	248		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.

Remarks:

/s/ Eric C. Scroggins, attorneyin-fact 09/01/2015

** 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.