SEC Form 4

FORM 4

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

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 or Section 30(h) of the Investment Company Act of 1940

of Section 30(n) of the investment Company Act of 1940												
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)										
<u>Altmaier Judy L</u>		X Director 10% Owner										
		Officer (give title Other (specify										
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/04/2022	below) below)										
C/O ALLISON TRANSMISSION HOLDINGS,												
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)		Code (4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(insu. 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)		tion of		6. Date Exerc Expiration Da (Month/Day/Y	ate	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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
										,,			Reported Transaction(s) (Instr. 4)	() (
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Deferred Stock Units ⁽¹⁾	(2)	02/04/2022		Α		129		(2)	(2)	Common Stock	129	\$0 ⁽³⁾	3,327	D	

Explanation of Responses:

1. The deferred stock units ("DSUs") represent a quarterly payment of the portion of the reporting person's other fees under the Allison Transmission Holdings, Inc. (the "Company") Fifth Amended and Restated Non-Employee Director Compensation Policy deferred pursuant to the Company's Amended and Restated Non-Employee Director Deferred Compensation Plan. The other fees are payable quarterly in arrears.

Each DSU is the economic equivalent of one share of the Company's common stock. The DSUs become payable, in common stock, or at the Company's election cash, at the earlier of the reporting person's separation from service or a change in control. DSUs earn dividend equivalents when dividends are declared on the Company's common stock.
The number of DSUs received was calculated based on \$38.58, which was the closing price of the Company's common stock on the date of grant.

<u>/s/ Jacalyn C. Bolles, attorney-</u> <u>in-fact</u> 02/08/2022

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.