FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
|------------------|------------|----------------|-------------|

| l | OMB APPRO | VAL |
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| 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

| 1. Name and Address of Reporting Person* <u>Reynolds Richard VanFleet</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | | | Relationship of Reporting Persor (Check all applicable) X Director | | | | uer vner |
|---|---|--|---|----------------|--|---|------------------|-------|--|--------|--------------------|--|--|--------------|---|--|--------|--|---------------------------------------|
| (Last) ONE AL | (Fi LLISON WA | • | (Middle) |) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2014 Officer (give title below) below) Ofther (specify below) | | | | | | | | | | | pecify | | |
| (Street) INDIANAPOLIS IN 46222 | | | | _ 4. II _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | - | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/) | | | | ion | n 2A. Deemed Execution Date, | | | | of, or Beneficiall Acquired (A) or (D) (Instr. 3, 4 and 5) | | Ť | 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa (Instr. 3 | | ction(s) | | | (1130.4) | |
| Common Stock 03/10/20: | | | | 014 | 4 | | M | | 5,175 | A | \$8.44 | 1 5 | | 175 | | D | | | |
| Common | mmon Stock 03/10/201 | | | 014 | 14 | | S ⁽¹⁾ | | 5,175 | D | \$29.880 | .8802(2) | | 0 | | D | | | |
| | | Т | able | | | | | | | | sposed of | | | y O\ | wned | | | | |
| 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 Exer Expiration D (Month/Day/ | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | . V (A | | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (right to buy) | \$8.44 | 03/10/2014 | | | M | | | 5,175 | (3) |) | 02/08/2021 | Commor Stock | 5,175 | | \$0 | 10,350 | | D | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 25, 2013.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$29.7000 to \$30.0150. The reporting person undertakes to provide the Company, any security holder of the Company or the staff of the SEC, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. 25,530 options vested on February 9, 2011, the remaining shares vested in four equal installments upon the director's attendance of the subsequent meetings of Allison Transmission Holdings Inc's Board of Directors

Remarks:

/s/ Eric C. Scroggins, attorney-

03/12/2014

in-fact

** 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.