| SEC For | rm 4 | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---------|--|--|----------|--------|--|---|--------------------|----------------------------|---|---|---|---|---------------------|--|--|
| | FORM | 4 | UNITE |) STA | TES | SE | | | ES AN | | | ANG | GE C | ОММ | ISSION | | OME | APPRO | VAL |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | d pursi | uant t | o Sectio | on 16(| ES IN | Secur | ities Exch | ange A | Act of 1 | | SHIP | Estin | | er: verage burde sponse: | 3235-0287 en 0.5 |
| 1. Name and Address of Reporting Person [*] Milburn Ryan A. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | | | neck all appli Directo | cable) or | | | wner |
| (Last) C/O ALI | (Last) (First) (Middle) C/O ALLISON TRANSMISSION HOLDINGS, | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2024 | | | | | | | | | below) | | Engr. & Tech Dev. | | specify |
| INC. ONE ALLISON WAY (Street) | | | | 4. lf | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| INDIANAPOLIS IN 46222 (City) (State) (Zip) | | | Rule 10b5-1(c) Transaction Indication Image: Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | | | | | | | | | | lly Owned | d | | | |
| 1. Title of Security (Instr. 3) 2. Transz Date (Month/E | | | | | Execution Date, | | | Code | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | ed (A) or str. 3, 4 and | or 5. Amount o and Securities Beneficially Owned Follo Reported | | Form: Direc (D) or Indirect | | of Indirect | | |
| | | | | | | | | | Code | v | Amou | nt | (A) or (D) | Price | Tropostio | | | | (1130. 4) |
| | | 1 | | | | | | | quired, s, optio | | | | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, T if any C | | | ransaction ode (Instr. | | of E | | 5. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | , | Amount or Number of Shares | | | | | |

Explanation of Responses:

(1)

Dividend

Equivalent Rights

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.

(1)

| /s/ Preston B. | Ray, attorney-in- | 0000000 |
|----------------|-------------------|------------|
| fact | | 06/04/2024 |

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** Signature of Reporting Person Date

16

Common

Stock

(1)

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).

05/31/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Α

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.

16