## FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: 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 and Address of Reporting Person* <u>Reynolds Richard VanFleet</u>				2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]							Relationship neck all appl X Direct	cable)	son(s) to Issuer				
(Last) ONE AL	(Fi	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/09/2014							Office below	(give title	Other (specify below)			
(Street) INDIAN (City)	APOLIS IN		46222 (Zip)	4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Lin	e) X Form	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date		ansaction nth/Day/Ye	Execution Date,		Code (Ins	on D	Amount (A) or		str. 3, 4 an	Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 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. Conversio or Exercis Price of Derivative Security		ersion Date Ercise (Month/Day/Year) if (North/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr.		nber tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		e and	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 Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expi Date	ration	Title	Amount or Number of Shares					
Deferred Stock	(2)	05/09/2014		A		3,466		(2)	(	(2)	Common Stock	3,466	\$0 <sup>(3)</sup>	7,534		D	

## **Explanation of Responses:**

- 1. The deferred stock units ("DSUs") represent the portion of the reporting person's annual retainer and annual equity award under the Allison Transmission Holdings, Inc. (the "Company") Amended and Restated Non-Employee Director Compensation Policy deferred pursuant to the Company's Non-Employee Director Deferred Compensation Plan.
- 2. Each DSU is the economic equivalent of one share of the Company's common stock. The portion of the DSUs representing the annual retainer, or 2,166 DSUs, vest immediately and the portion of the DSUs representing the annual equity award, or 1,300 DSUs, vest on the date of the next annual meeting of the stockholders of the Company. 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.
- 3. The number of DSUs received was calculated based on \$28.85, which was the closing price of the Company's common stock on the date of grant.

## Remarks:

/s/ Eric C. Scroggins, attorney-

\*\* Signature of Reporting Person

05/12/2014

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.