SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

C	heck this box if no longer subject to
S	ection 16. Form 4 or Form 5
0	bligations may continue. See
lr	struction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
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			or Section 30(n) of the investment Company Act of 1940						
1. Name and Address of Reporting Person*			2. Issuer Name <b>and</b> Ticker or Trading Symbol Allison Transmission Holdings Inc ALSN		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
RABORN FRANCIS					Director	10% Owner			
(Last) ONE ALL	(First) ISON WAY	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/13/2016		Officer (give title below)	Other (specify below)			
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fili	ng (Check Applicable			
(Street)	DOLIS IN	46222		X	Form filed by One Re	porting Person			
INDIANAPOLIS IN 46222		40222			Form filed by More th Person	an One Reporting			
(City)	(State)	(Zip)							

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

	-	,								
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	12/13/2016		<b>G</b> <sup>(1)</sup>		1,266	D	\$0.00	2,642	D	
Common Stock	12/13/2016		G <sup>(1)</sup>		1,266	A	\$0.00	35,299	I	By Francis Raborn Revocable Trust
Common Stock	02/10/2017		A		<b>497</b> <sup>(2)</sup>	A	<b>\$0.00</b> <sup>(3)</sup>	3,139	D	

## 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)				6. Date Exerc Expiration Da (Month/Day/N	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(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents transfer of shares to the Francis Raborn Revocable Trust.

2. These shares respresent a quarterly payment of the reporting person's annual retainer under the Allison Transmission Holdings, Inc. (the "Company") Second Amended and Restated Non-Employee Director Compensation Policy. The annual retainer is paid quarterly in arrears in cash or common stock at the reporting person's discretion.

3. The number of shares of common stock received was calculated based on \$37.68 which was the closing price of the Company's common stock on the date of grant.

**Remarks:** 

<u>/s/ Eric C. Scroggins, attorney-</u> <u>in-fact</u> 02/14/2017

\*\* 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.