FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ngton, D.C. 20549	OMB APPROVAL

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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

1(c). Se	ee Instruction 1	0.																	
Name and Address of Reporting Person* Ostojic Sasha					2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]								5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Own						
(Last) (First) (Middle)]									Officer (give title below)			Other (s	specify
C/O ALLISON TRANSMISSION HOLDINGS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/08/2024													
ONE ALLISON WAY						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															<u></u>	filed by On	e Rep	orting Perso	on
INDIANAPOLIS IN 46222																Form filed by More than One Reporting Person			
(City)	(Sta	ate) (Z	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	osed of	or B	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Exec ay/Year) if any		Deemed cution Date, ny nth/Day/Year)				ies Acquired (A Of (D) (Instr. 3			Benefic Owned	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D) P		rice		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock ⁽¹⁾ 11/08/2					/2024			A		199(2)	A \$		\$0	6,488			D		
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D (Instr	rative rities ired r osed)	Expiration Day/\(\text{Month/Day/\)\(\text{d}\)		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		S	. Price of perivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Cod		Code	v	(A)		Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	ber						

Explanation of Responses:

- 1. These shares represent a quarterly payment of the reporting person's annual retainer under the Allison Transmission Holdings, Inc. (the "Company") Eighth 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.
- 2. The number of shares of common stock received was calculated based on \$118.96, which was the closing price of the Company's common stock on the date of grant.

/s/ Preston B. Ray, attorney-in-11/12/2024

** 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.