FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
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

												-						
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Dick Michael</u>					Timoon Transmission Horanigs inc [ ALSN ]							., ,	Dire	tor		10% Ov	vner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)							X Officion below	er (give title v)		Other (s below)	specify	
(Last)	`	,		11/30/2017								5	VP, Ops ar	ıd Pur	chasing			
ONE ALLISON WAY														, ,		0		
-	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable								
(Street)					, - 1 , - 1								Line)					
INDIANAPOLIS IN 46222													X Form filed by One Reporting Person					
													Form filed by More than One Reporting Person					
(City) (State) (Zip)													reisuii					
		Tab	le I - Non-C	Derivativ	e Se	curiti	es A	cquired, D	Dispo	osed (	of, or Be	eneficia	ally Own	ed				
1 Title of 9	Socurity (Inc			. Transactio		2A. Dee		3.			rities Acqui			ount of	6 Owr	nership	7. Nature	
Date					Execution Date			e, Transaction Disposed Of (D) (Instr. 3,				nd Secur	ties	Form:	m: Direct	of Indirect		
			(N	Month/Day/\		if any (Month/I	Day/Ye	car)   Code (Instr.   5)						l Following		or Indirect Instr. 4)	Beneficial Ownership	
							Code	v	A	(A) (	or Price	Transa	Reported Transaction(s)		- 1	(Instr. 4)		
									<u> </u>	Amount	ount (D) P		(Instr.	3 and 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
								s, options										
1. Title of	2.	3. Transaction	3A. Deemed	4.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities		8. Price of	9. Number		10.	Beneficial	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da	Code	action (Instr.								Derivative Security	derivative Securities		Ownership Form:		
(Instr. 3)	Price of Derivative		(Month/Day/Y	'ear)   8)						Underlying Derivative Securi		(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security						r	(Instr. 3 and 4)						Following		(I) (Instr. 4)	,	
					Disposed of (D)									Reported Transaction				
						(Instr. 3, 4 and 5)								(Instr. 4)				
									Amo		1							
												or Number						
				Cade	,,	<sub>(0</sub> )	(D)	Date		oiration	Tialo	of						
			<u> </u>	Code	V	(A)	(D)	Exercisable	Date	.e	Title	Shares	-	-	_			
Dividend Equivalent	(1)	11/30/2017		A		50		(1)		(1)	Common	50	\$0	463		D		
Rights						1					Stock							

## **Explanation of Responses:**

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 rights is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

## Remarks:

/s/ Eric C. Scroggins, attorneyin-fact 12/04/2017

\*\* 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.