## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours nor rosnonso.	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

Name and Address of Reporting Person     Dean Sharon L.						Allison Transmission Holdings Inc [ ALSN ]  3. Date of Earliest Transaction (Month/Day/Year)  11/15/2013									tionship of Reporting (call applicable) Director Officer (give title below)  VP, Quality an		10% Own		vner
(Last) ONE AL	ast) (First) (Middle) NE ALLISON WAY																and R	Other (specify below) and Reliability	
(Street) INDIANAPOLIS IN 46222 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(0.9)				Non-Deri	vativ	e Sec	curit	ties A	cauire	ed. D	isposed o	f. or B	enefic	ially	Owned	<u> </u>			
1. Title of Security (Instr. 3) 2. Transa Date			2. Transac	tion	2A. Deemed Execution Date,		3. 4. Securities A		Acquired (A) or (D) (Instr. 3, 4 and 5)			5. Amou Securiti Benefici Owned I	unt of ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			11/15/2	2013	13					4,800	A	\$8.44		15,995		D		
Common Stock			11/15/2013		13		M		22,200	A	\$12	2.66	28,195			D			
Common Stock			11/15/2013		3		M		26,600	A	\$16	5.88	64,795			D			
Common Stock 11.			11/15/2	2013				S <sup>(1)</sup>		53,600	D	\$26.0	966(2)	11	11,195		D		
		-	Table								sposed of, , convertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ifanv		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exe Expiration (Month/Day		cisable and	7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		ount 8.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (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 Exercisable		Expiration Date	Title	Amo or Num of Shar	ber					
Employee Stock Option (right to buy)	\$8.44	11/15/2013			М			4,800	(	3)	09/30/2017	Common Stock	<sup>n</sup> 4,8	00	\$0	60,775	5	D	
Employee Stock Option (right to buy)	\$12.66	11/15/2013			M			22,200	(	3)	09/30/2017	Common Stock	n 22,2	200	\$0	133,51	7	D	
Employee Stock Option	\$16.88	11/15/2013			M			26,600	(	3)	09/30/2017	Common	n 26,6	500	\$0	159,66	6	D	

### **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 13, 2013.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$25.8500 to \$26.2700. The reporting person undertakes to provide the Company, any security holder of the Company or the staff of the SEC, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

3. The option vested in five equal annual installments beginning on August 7, 2008.

# Remarks:

(right to

/s/ Eric C. Scroggins, attorney-

11/19/2013

in-fact

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.