Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT (| OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-------------|------------|---------------|-----------|
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| OMB APPRO | VAL | | | | | |
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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>Ledford Gregory S</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | Check all a | | , | | | |
|--|--|------------|-------------------------|--|--|----------|--|---------------------|--|---------------|--|---|--|--|--|---|---------|
| (Last) ONE AL | (Fi | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Ye 06/30/2015 | | | | | ay/Year) | | | Officer (give title Other (sp. below) below) | | | | specify |
| (Street) INDIAN (City) | APOLIS IN | | 46222 (Zip) | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | ne) X Fo | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | ansaction hth/Day/Ye | Execution Date, | | Code (In | str. | tr. 5) | | str. 3, 4 a | Beneficially Owned Following Reported Transaction(s) | | wing (I) (S) | Ownership rm: Direct or Indirect (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) | | | | | | | | | | | | | | | | |
| | | | Transa Code (| ansaction of E ode (Instr. Derivative (| | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | Exp Date | oiration e | Title | Amount or Number of Shares | | | | | |
| Deferred Stock Units ⁽¹⁾ | (2) | 06/30/2015 | | A | | 682 | | (2) | | (2) | Common Stock | 682 | \$0 ⁽³⁾ | | 8,208 | D | |

Explanation of Responses:

- 1. The deferred stock units ("DSUs") represent the portion of the reporting person's annual retainer and other fees under the Allison Transmission Holdings, Inc. (the "Company") Second Amended and Restated Non-Employee Director Compensation Policy deferred pursuant to the Company's Amended and Restated Non-Employee Director Deferred Compensation Plan. The annual retainer and other fees are
- 2. Each DSU is the economic equivalent of one share of the Company's common stock. 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 \$29.26, which was the closing price of the Company's common stock on the date of grant.

Remarks:

/s/ Eric C. Scroggins, attorneyin-fact

** Signature of Reporting Person

07/01/2015

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.