## FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 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

1. Name and Address of Reporting Person* <u>Reynolds Richard VanFleet</u>					2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]									tionship all appli Directo	,		rson(s) to Iss 10% Ov	
(Last) ONE AL	(Fi	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/09/2013  Officer (give title below)  Other (specify below)										specify			
(Street) INDIAN (City)	APOLIS IN		46222 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Indivi ne) X	Form 1	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			Transaction ate lonth/Day/Y	Execution Date,			Code (Instr. 5)			str. 3, 4 a	nd	Reporte	ies Formially (D) (Following (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	'	Amount	nt (A) or (D)		.	Transac (Instr. 3	action(s) . 3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Code	Transaction of Code (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 Securities Genericially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Ex Da	piration ite	Title	Amount or Number of Shares						
Deferred Stock	(2)	05/09/2013		A		4,068		(2)		(2)	Common Stock	4,068		\$0 <sup>(3)</sup>	4,068		D	

## **Explanation of Responses:**

- 1. The deferred stock units ("DSUs") represent the portion of the reporting person's annual retainer and meeting fees under the Allison Transmission Holdings, Inc. (the "Company") Non-Employee Director Compensation Policy deferred pursuant to the Company's Non-Employee Director Deferred Compensation Plan.
- 2. Each DSU is the economic equivalent of one share of the Company's common stock. The portion of the DSUs representing the annual retainer, or 2,462 DSUs, vest immediately and the portion of the DSUs representing the meeting fees, or 1,606 DSUs, vest on the date of the next annual meeting of the stockholders of the Company. 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 \$23.35, which was the closing price of the Company's common stock on the date of grant.

## Remarks:

/s/ Eric C. Scroggins, attorney-

\*\* Signature of Reporting Person

05/13/2013

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.