FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT OF CHANGES IN BENEFICIAL	OWNEDSHID
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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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).

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* Coll John (Last) (First) (Middle) ONE ALLISON WAY (Street) INDIANAPOLIS IN 46222 (City) (State) (Zip) Table I - Non-Derivation					Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] Date of Earliest Transaction (Month/Day/Year) 02/10/2021 If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefice							6. In Line	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) SVP, Global MSS 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E				action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transac Code (I 8)			ecurities Acquired (A) osed Of (D) (Instr. 3, 4		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (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)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	oate, T	ransaction		 		6. Date Exercisable Expiration Date (Month/Day/Year)		rable and 7. Title and Am of Securities		es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)
				c	ode V		(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Peformance Stock Units	(1)	02/10/2021			A		2,057 ⁽²⁾		(3)		(3)	Common Stock	2,057	\$0 2,057		7 D		
Employee Stock Option (right to buy)	\$43.13	02/10/2021			A		14,622		(4)		02/10/2031	Common Stock	14,622	\$0	14,622	2	D	
Restricted Stock Units	(5)	02/10/2021			A		4,874		(6)		(6)	Common Stock	4,874	\$0	4,874		D	

- 1. Each performance-based restricted stock unit ("PSU") represents a contingent right to receive one share of Allison Transmission Holdings, Inc. ("ALSN") common stock.
- 2. On February 7, 2018, the reporting person was granted PSUs with a number of PSUs earned to be determined based on the extent to which certain performance conditions were met for a performance period of 2018 2020. As determined on February 10, 2021, based on ALSN's actual performance for 2018 2020, the reporting person earnedd 2,057 PSUs.
- 3. Earned PSUs will vest on February 28, 2021.
- 4. The option vests in three equal annual installments beginning on February 10, 2022.
- 5. Each restricted stock unit ("RSU") represents a contingent right to receive one share of ALSN common stock.
- 6. The RSUs vest in three equal annual installments beginning on February $10,\,2022.$

Remarks:

/s/ Jacalyn C. Bolles, attorneyin-fact

02/12/2021

** 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.