(December 2017)

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service			➤ See separate instructions.	
Part I Reportin	g Issuer			
1 Issuer's name	-			2 Issuer's employer identification number (EIN
737				
Allison Transmission Holdings, Inc. 3 Name of contact for additional information 4 Telephone No. of contact				26-0414014 5 Email address of contact
o Hame or comedition		- retephol	io ivo, or contact	o Eriai address of contact
Raymond Posadas 317-242-3078				ir@allisontransmission.com
6 Number and street (or P.O. box if mail is not delivered to street address) of contact				7 City, town, or post office, state, and ZIP code of conta
One Allison Way				Indiananalia IN 46222
8 Date of action 9 Classification and description				Indianapolis, IN 46222
Distribution to Public				
August 30, 2019			_	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
01973R101			ALSN	
	tional Action Attac	h additiona	12.000	back of form for additional questions.
				against which shareholders' ownership is measured for
the action ► All	ison Transmiss	ion Hold	dings, Inc. paid a	quarterly distribution of 15 cents
				of record on August 23, 2019.
				Mil.
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	'**			
				in the hands of a U.S. taxpayer as an adjustment per
				ates that 51.14% of this
				capital to the extent of the
				areholder's tax basis will be
treated as a ca	pital gain for	U.S. ta	x purposes.	
			~~~	
				on, such as the market values of securities and the
valuation dates 🟲 🛚	ursuant to Int	ernal R	evenue Code sectior	is $301(c)$ and $316(a)$ , the taxabilit
of Allison Tran	smission Holdin	ngs, Inc	. distributions is	calculated based on the earnings
	'			s not include the earnings and
				son Transmission, Inc.'s estimated
				rt Allison Transmission Holdings,
				be a nontaxable return of capital
to the extent o				so a noncanable recall or capital
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		ä		
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Internal Revenue Code sections 301(c) and 316(a)

Can any resulting loss be recognized? ► N/A

List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶

Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ None

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print your name ➤ Ryan J. Dean Title ▶ Executive Director Preparer's signature Print/Type preparer's name Date Paid Check [] if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** 

Firm's address ► Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054