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

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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>Headly Michael G.</u>						2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]									all applic Directo	cable) or	g Pers	on(s) to Iss	vner	
(Last) ONE AL	(F LISON WA	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/27/2014								X	Officer (give title below) SVP, Global M			Other (s below) MSS	specily	
(Street) INDIANAPOLIS IN 46222			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting				n			
(City)	(S	tate)	(Zip)												Persor	1				
			ole I - N			т —				ed, D	isposed o			ally						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5)	Securiti Benefici Owned	5. Amount of Securities Beneficially Owned Following		ı: Direct r Indirect ıstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock		08/27/2	2014)14					50,000	A	\$12.	66 7		2,200		D				
Common Stock 08/27/2 Common Stock 08/27/2		08/27/2	2014	.4					25,000	D	\$30.42	44(2)	47,200		D					
		2014	1		S ⁽¹⁾		17,199	D \$30.4		97(3)	30,001		D							
		-	Table								sposed of, , converti				wned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	e V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er						
Employee Stock	\$12.66	08/27/2014			M			50,000	(4	4)	09/30/2017	Common	50.00	00	\$0	161.88	0	D		

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$30.4000 to \$30.4900. 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 price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$30.3400 to \$30.5100. 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.
- 4. Option vested in five equal installments beginning August 7, 2008.

Remarks:

(right to

/s/ Eric C. Scroggins, attorneyin-fact

08/29/2014

** 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.