FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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>Dewey Lawrence E.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | | neck all ap | | ng Person(s) to | Issuer Owner | |
|---|---|--|---------|------------------------------|---|--|----------------|--------|--|-------|--|---|--|---|---|--|--|--|
| (Last) (First) (Middle) ONE ALLISON WAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/18/2018 | | | | | | | | Offi belo | cer (give title w) | Othe belo | er (specify w) | |
| (Street) INDIANAPOLIS IN 46222 | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. I Lin | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | ction | 2A. Exe) if ar | Deem cution | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | (A) or | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | of Indirect t Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | rted saction(s) . 3 and 4) | | (Instr. 4) | |
| Common Stock 09/18/20 | | | | | | 18 | | | М | | 29,609 | A | \$23.5 | 9 : | 350,937 | D | | |
| Common Stock 09/18/20 | | | | | | 18 | | | M | | 58,679 | A | \$37.1 | 1 4 | 109,616 | D | | |
| Common Stock 09/18/20 | | | | | 2018 | 18 | | | S | | 88,288(1) | D | \$52.02 | 4 ⁽²⁾ | 321,328 | D | | |
| | | - | Table I | | | | | | | | posed of, converti | | | / Owne | i | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transaction Code (Instr. 8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price Derivati Security (Instr. 5) | e derivativ | Owners Form: Direct (or Indir | Beneficial Ownership ect (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Employee Stock Option (right to buy) | \$23.59 | 09/18/2018 | | | M | | | 29,609 | (3 | 3) | 05/31/2020 | Common Stock | 29,609 | \$0 | 0 | D | | |
| Employee Stock Option (right to | \$37.11 | 09/18/2018 | | | M | | | 58,679 | (3 | 3) | 05/31/2020 | Common Stock | 58,679 | \$0 | 0 | D | | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 plan.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$51.3500 to \$52.4500. The reporting person undertakes to provide the Company, any security holder of the Company or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. The option vested on May 31, 2018.

Remarks:

/s/ Jacalyn C. Bolles, attorneyin-fact

09/2<u>0/2018</u>

** 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.