FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

KILIES	AND EXCHANGE	COMMISSION
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wasnington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

Estimated average burden hours per response:

0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940
or Section 30(h) of the Investment Company Act of 1940

intende defense	ed to satisfy the e conditions of struction 10.																				
Name and Address of Reporting Person* Dittord Done III.					2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Pittard Dana JH														,		Directo			10% Ov		
																Officer below)	give title		Other (s below)	pecify	
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)										VP, Defense Programs					
I	LISON TRA	ANSMISSION H	IOLDING	S,	111/	11/27/2024											,		J		
INC.																					
ONE ALLISON WAY				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																Form filed by One Reporting Person					
l .	APOLIS IN	1	46222												Ι,		,		n One Repo		
,					.											Perso			·		
(City)	(St	tate)	(Zip)																		
		Tabl	e I - Non	-Deriv	ative	Sec	uritie	s Ac	cqui	ired, [)isp	osed o	of, or B	enef	icial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transa					action								rities Acquired (A)			5. Amou				7. Nature	
				Date (Month/I	Day/Year) if a		cecutio any lonth/E		´ c	Transaction Code (Instr.) 8)				4 and	Benefici Owned F	Securities Beneficially Owned Following		r Indirect I	of Indirect Beneficial Ownership		
									[Code		Amount	t (A) or P		rice	Reported Transaction (Instr. 3	tion(s)			(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
			(e.g., p	uts,	calls,	, war	rants	s, o _l	ptions	s, C	onverti	ble sec	curiti	es)						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)			Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
														Am	ount						
					Code	v	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title	Nur	nber						
Dividend Equivalent Rights	(1)	11/27/2024			A		7			(1)	T	(1)	Commor Stock	1	7	\$0	106		D		

Explanation of Responses:

1. The dividend equivalent rights accrued on previously awarded restricted stock units ("RSUs") and vest proportionately with the RSUs to which they relate. Each dividend equivalent right is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

/s/Preston B. Ray, attorney-in-

fact

** Signature of Reporting Person

12/02/2024 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.