FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|--|
| OMB Number | 3235-02 | | | | | | | | |

| 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

| OIVIB APPR | OVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: 0 | | | | | | | |

| 1. Name and Address of Reporting Person* Dewey Lawrence E. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | | | heck all D | applicable) irector | Ü | Person(s) to Issuer 10% Owner | |
|---|--|------|-----------|---------|--|--|---|--------------------------------------|--|---|--------------------|--|--|---|--|--|---|---|--|
| (Last) ONE AL | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2018 | | | | | | | | | | officer (give title elow) Chairma | | Other (specify below) | |
| (Street) INDIANAPOLIS IN 46222 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally Ov | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Exec | | A. Deemed xecution Date, any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | d Se Be Ov | Amount of curities neficially vned Following ported | For (D) | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A (D | () or () | Price | Tra | ansaction(s) str. 3 and 4) | | | (11341. 4) |
| Common Stock 02/19/ | | | | | 2018 | | | F ⁽¹⁾ | | 20,419 | 9 D \$3 | | \$39. | .32 | 2 266,328 | | D | | |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) Execution Date, | | | Date, | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | rities ired osed . 3, 4 | 6. Date Exercis Expiration Dat (Month/Day/Ye | | e ar) | 7. Title and Amount of Securities Underlying Derivative Security (Instr.: and 4) | | ount | 8. Price Derivati Security (Instr. 5) | derivative Securities | , | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V (A) | | | (D) | Date Exercisa | | Expiration Date | Title | of Sha | res | | | | | |

Explanation of Responses:

1. Represents shares withheld to satisfy tax withholding obligations upon vesting of performance shares and shares of restricted stock.

Remarks:

/s/ Eric C. Scroggins, attorney-02/21/2018 in-fact

** 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.