FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 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).

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 ar | 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | vner | | | | | |
|--|--|--|--|---------|---|------|--------|---|---|---|-------------------------------|--|-----------------------------------|-----------------|---|--|--|--|--|--|
| (Last) (First) (Middle) ONE ALLISON WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/30/2013 | | | | | | | | | X | below | | | below) | · | |
| (Street) INDIANAPOLIS IN 46222 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (3) | | Zip) | Davissa | 41 | S | !4! | - 0 | | | | of or D | | a:a!! | . 0 | -I | | | | |
| | | TAD | le I - Non-I | Deriva | tive | Secu | uritie | es Ac | quirea, i | JISP | osea | or, or Be | enem | ciali | y Owner | u | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | | e, Transaction Dispose Code (Instr. 5) | | | rities Acqui ed Of (D) (In | | and Securit | | ties Formula (D) (D) (I) (I) (I) | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | nt (A) or (D) | | rice | Transac (Instr. 3 | ction(s) | | | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | ate, Tr | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an | f g Secur | [5 (| 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | , | (A) | (D) | Date Exercisable | | piration ate | Title | Amou or Numb of Share | oer | | | | | | |
| Dividend Equivalent Rights | (1) | 08/30/2013 | | | A | | 70 | | (1) | | (1) | Common Stock | 70 |) | \$0 | 163 | | D | | |

Explanation of Responses:

1. The dividend equivalent rights accrued on two 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.

Remarks:

Eric C. Scroggins

09/04/2013

** 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.