FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

this box if no longer subject to	
16. Form 4 or Form 5	
ons may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	ourden
hours nor resnance.	0.5

5. Relationship of Reporting Person(s) to Issuer

Check Section 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

2. Issuer Name and Ticker or Trading Symbol

Name and Address of Reporting Person* Scroggins Eric C.				er Name and Ticke son Transmiss					tionship of Reporting Person(s) to Iss all applicable) Director 10% O Officer (give title Other (
(Last) ONE ALLI	(First) SON WAY	3. Date 12/15.	e of Earliest Transa /2014	ction (M	onth/E	Day/Year)	A	below) below) VP, Gen. Counsel and Secretary					
(Street)	POLIS IN	46222	4. If An	nendment, Date of	Original	Filed	(Month/Day/Ye	ear)	6. Indi Line)	vidual or Joint/Group Form filed by One	•		
(City)	(State)							Form filed by More than One Reporting Person					
		Table I - Noi	n-Derivative S	Securities Acq	uired,	Dis	posed of, o	or Ben	eficially	Owned			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(111511.4)	
Common Sto	ock		12/15/2014		М		10,000	A	(1)	17,580	D		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

F

M

F

4,697(2)

339

163(4)

D

A

D

\$33.62

(3)

\$33.62

12,883

13,222

13,059

D

D

D

	(-3,),,,,														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exerc Expiration Da (Month/Day/\)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	(1)	12/15/2014		M			10,000	(1)	(1)	Common Stock	10,000	\$0	0	D	
Dividend Equivalent Rights	(3)	12/15/2014		M			339	(3)	(3)	Common Stock	339	\$0	139	D	

Explanation of Responses:

Common Stock

Common Stock

Common Stock

- 1. Settlement of restricted stock units ("RSUs"). On December 21, 2012, the reporting person was granted 15,000 RSUs, vesting in two installments as follows: 5,000 on June 30, 2013 and 10,000 on December 15, 2014. Each RSU represents a contingent right to receive one share of Allison Transmission Holdings, Inc. ("ALSN") common stock.
- 2. Represents shares withheld by ALSN to satisfy tax withholding obligations on the vesting of RSUs.
- 3. Settlement of dividend equivalent rights ("DERs"). The DERs accrued when and as dividends were paid on ALSN common stock and vest proportionately with the RSU to which they relate. Each DER is the economic equivalent of one share of ALSN common stock.
- 4. Represents shares withheld by ALSN to satisfy tax withholding obligations on the vesting of DERs.

Remarks:

Eric C. Scroggins

12/17/2014

** 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).

12/15/2014

12/15/2014

12/15/2014

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.