## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPRO	VAL						
	OMB Number:	3235-0287						
	Estimated average burden							
l	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 and Address of Reporting Person*  RABAUT THOMAS W				2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ ALSN ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) ONE AL	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/10/2017								Officer (give title below)			Other (specif below)	
(Street) INDIANAPOLIS IN 46222 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Noi	n-Deriv	/ative	e Se	curities	s Acc	quired, [	Disp	osed o	of, or Be	neficia	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				2A. Deemed Execution Date,			3. Transaction Code (Instr. 5)  8  4. Securities Acquire Disposed Of (D) (Instr. 5)			Securi Benefi Owned	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) oi (D)	Price	Report Transa (Instr.	ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 02/10/				0/2017	/2017		A		497 <sup>(1)</sup> A \$		\$0.00	29,964			D			
		7	able II -						uired, Di , options					/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, Transacti Code (Ins					6. Date Exercisab Expiration Date (Month/Day/Year)		Amount of		f g Security	8. Price o Derivative Security (Instr. 5)		s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Deferred Stock Units	(3)	02/10/2017			A		232 <sup>(4)</sup>		(3)		(3)	Common Stock	232	\$0.00 <sup>(5)</sup>	822		D	

## **Explanation of Responses:**

- 1. These shares represent a quarterly payment of the reporting person's annual retainer under the Allison Transmission Holdings, Inc. (the "Company") Second Amended and Restated Non-Employee Director Compensation Policy ("Policy"). The annual retainer is paid quarterly in arrears in cash or common stock at the reporting person's discretion.
- 2. The number of shares of common stock received was calculated based on \$37.68, which was the closing price of the Company's common stock on the date of grant.
- 3. Each deferred stock unit ("DSU") is the economic equivalent of one share of the Company's common stock. The DSUs become payable, in common stock, or at the Company's election, cash, at the earlier of the reporting person's separation from service or a change in control. DSUs earn dividend equivalents when dividends are declared on the Company's common stock.
- 4. These DSUs represent a quarterly payment of the portion of the reporting person's other fees under the Policy deferred pursuant to the Company's Amended and Restated Non-Employee Director Deferred Compensation Plan. The ther fees are payable quarterly in arrears.
- 5. The number of DSUs received was calculated based on \$37.68, which was the closing price of the Company's common stock on the date of grant.

## Remarks:

/s/ Eric C. Scroggins, attorney-02/14/2017 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.