FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
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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*					2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
STAR JAMES A						Timom Transmission Horaings inc [ALSIV]									X Director		10% (Owner	
(Last) (First) (Middle) C/O ALLISON TRANSMISSION HOLDINGS INC ONE ALLISON WAY					3. Date of Earliest Transaction (Month/Day/Year) 11/11/2016									belo		below			
					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) INDIANAPOLIS IN 46222															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Z	ip)																
		Table	l - Nor	-Deriva	ative	Se	curitie	s Ac	quired,	Disp	osed o	f, o	r Bene	ficial	y Own	ed			
Date			Date	ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Secur Benef Owne	cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price		action(s) 3 and 4)		(Instr. 4)	
Common Stock				11/11/	/2016				A		603(1))	A	\$0 ⁽²⁾	3	35,821	D		
Common Stock															1,:	187,000	I	By Areljay, LP ⁽³⁾	
Common Stock														3,9	936,354	I	By The Crown Fund ⁽³⁾		
Common Stock														1,	762,400	I	By The Crown Fund II ⁽³⁾		
Common Stock													1	9,900	I	By HCNI II, LLC ⁽³⁾			
		Tal	ble II - D								sed of, nvertib				Owned				
Security (Instr. 3) or Exer Price of Derivati	itle of 2. 3. Transaction Jate Execution Date, ivative or Exercise (Month/Day/Year) if any			ed 4 Date, 1	4. Transaction Code (Instr.		5. Number 6		6. Date E	5. Date Exercisa Expiration Date Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		tr. 3	. Price of erivative ecurity nstr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		xpiration ate	Title	Amo or Num of Sha	ber					

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. 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 \$31.07, which was the closing price of the Company's Common Stock on the date of grant.
- 3. These shares are held by the identified entities in which trusts established for the benefit of the reporting person's wife and children indirectly own interests. The reporting person is President and Chief Executive Officer of Longview Asset Management, LLC, which, by virtue of managing investments of such entities, may be deemed to beneficially own the shares held by such entities. The reporting person disclaims beneficial ownership of the shares held by these entities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all the reported shares for purposes of Section 16 or any other purpose.

Remarks:

/s/ Eric C. Scroggins, attorney-11/15/2016 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.