Edgar Filing: GARCIA TUNON ALVARO - Form 4

GARCIA T Form 4 March 02, 2	UNON ALVARC)									
FORM	ЛЛ	OT A TEC	SECU	DITIES		VCIIA	NCE	COMMERIO	NT	PPROVAL	
Check t	UNITED	Washington, D.C. 20549 S box Er STATEMENT OF CHANGES IN BENEFICIAL ON S. SECURITIES							N OMB Number:		3235-0287
if no lor subject Section Form 4 Form 5	nger STATEN to STATEN 16. or								burden hou response	ted average hours per	
obligati may con <i>See</i> Inst 1(b).	ons Section 17(Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> GARCIA TUNON ALVARO			2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc					5. Relationship of Reporting Person(s) to Issuer			
			[ALSN]					(Check all applicable)			
(Last) (First) (Middle) ONE ALLISON WAY			3. Date of Earliest Transaction (Month/Day/Year) 02/28/2018			X_ Director 10% Owner Officer (give title Other (specify below)					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
INDIANA	POLIS, IN 46222							Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivati	ve Securi	ties A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2A. Deemee Execution II any (Month/Day)		Date, if	3. 4. Securities te, if TransactionAcquired (A) or Code Disposed of (D) Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Domin Jaw D	Post on 0 000000000000000000000000000000000	for a h 1	ora of	Code V			Price				
keminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Per info req disp	sons wh ormation uired to	o res cont respo	prindurectly. Spond to the colle ained in this form and unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Underlying Securities	Derivati
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	 Derivativ Securitie Acquirec (A) or Disposed of (D) (Instr. 3, 4, and 5) 	:s 1 1				(Instr. 5
				Code V	/ (A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Dividend Equivalent Rights	<u>(1)</u>	02/28/2018		A	48	(1)	<u>(1)</u>	Common Stock	48	\$ 0

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GARCIA TUNON ALVARO ONE ALLISON WAY INDIANAPOLIS, IN 46222	Х							
Signatures								
/s/ Eric C. Scroggins, attorney-in-fact		03/02/2018	3					
**Signature of Reporting Person		Date						

Explanation of Responses:

- * 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).
- The dividend equivalent rights accrued on previously awarded deferred stock units ("DSUs") and vest proportionately with the DSUs to
 (1) which they relate. Each dividend equivalent rights is the economic equivalent of one share of Allison Transmission Holdings, Inc. common stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.