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FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB 32 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 17(b). State Public Utility Holding Company Act of 1935 or Section 1934, Section 17(a) of the Public Utility Holding Company Act of 1940 State Public Utility Holding Company Act of 1935 or Section 16(b). (Print or Type Response.) State Public Utility Holding Company Act of 1940 State Public Utility Holding Company Act of 1940	5-0287 Jary 31, 2005 e				
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Section 16. SECURITIES burden hours per response Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 (Print or Type Responses) Image: Company Act of 1940					
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obligations may continue. See Instruction 1(b). 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) (Print or Type Responses)					
may continue. Section 17(a) of the Public Outhly Holding Company Act of 1933 of Section 1953 of Section 1953 of Section 1965. See Instruction 1(b). 30(h) of the Investment Company Act of 1940 (Print or Type Responses) 1000000000000000000000000000000000000					
See Instruction 1(b). (Print or Type Responses) (Print or Type Responses)					
(Print or Type Responses)					
1. Name and Address of Reporting Person * ASKREN STANLEY A2. Issuer Name and Ticker or Trading Symbol5. Relationship of Reporting Person(s) Issuer	5. Relationship of Reporting Person(s) to Issuer				
Allison Transmission Holdings Inc					
[ALSN] (Check all applicable)					
(Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owne (Month/Day/Year) Officer (give title Other (spec					
ONE ALLISON WAY 02/11/2019 below) below)					
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Che	6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person					
INDIANAPOLIS IN 46222 Form filed by More than One Reporting					
Person Person					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow	ned				
1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Na	ure of				
Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect Indir					
(Instr. 3)anyCodeDisposed of (D)Beneficially(D) orBene(Month/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)OwnedIndirect (I)Owned					
Following (Instr. 4) (Instr. 4)					
(A) Reported Transaction(a)					
(A) Transaction(s) or (Instr. 3 and 4)					
Code V Amount (D) Price					
Common Stock (1) 02/11/2019 A 398 A $\stackrel{\$ 0}{(2)}$ 13,320 D					

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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 Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ASKREN STANLEY A ONE ALLISON WAY INDIANAPOLIS, IN 46222	Х						
Signatures							
/s/Jacalyn C. Bolles, Attorney-in-Fact	02/13/2019						
<u>**</u> 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).

These shares respresent a quarterly payment of the reporting person's annual retainer under the Allison Transmission Holdings, Inc. (the
 "Company") Third 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 \$47.07, which was the closing price of the Company's common stock on the date of grant.

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.