Edgar Filing: Allison Transmission Holdings Inc - Form 4

Allison Transmission Holdings Inc Form 4 June 07, 2016

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235	-0287		
Check the check	iger STATEN		U			WNERSHIP OF	Number: Expires:	Janua	ry 31, 2005			
subject t Section Form 4 (16.	SECURITIES					Estimated burden hou	Estimated average burden hours per response				
may con	Form 5 obligations may continue. See Instruction 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 * Dewey Lawrence E.2. Issuesting Symbol				er Name an	d Ticker or	Trading	5. Relationship of Reporting Person(s) to Issuer					
			Allison Transmission Holdings Inc [ALSN]				(Check all applicable)					
(Last)	. , .	Middle)		of Earliest T Day/Year)	ransaction		Director X Officer (give below)		% Owner her (specify			
ONE ALLISON WAY 06,			06/03/2	2016			Chairman and CEO					
				If Amendment, Date Original ed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
INDIANAI	POLIS, IN 46222						Form filed by Person	More than One R	eporting			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owne	d		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price		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 Indirect Beneficia Ownersh (Instr. 4)	al nip			

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	omof	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Securi

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5)	d d				(Instr.
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Dividend Equivalent Rights	<u>(1)</u>	06/03/2016		А	212	<u>(1)</u>	<u>(1)</u>	Common Stock	212	\$

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Dewey Lawrence E. ONE ALLISON WAY INDIANAPOLIS, IN 46222			Chairman and CEO					
Signatures								
/s/ Eric C. Scroggins, attorney-in-fact		06/07/2016						
**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 restricted stock units ("RSUs") and vest proportionately with the RSUs to

(1) which they relate. Each dividend equivalent right 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.