## Edgar Filing: Allison Transmission Holdings Inc - Form 4

Allison Transmission Holdings Inc Form 4 March 17, 2017

FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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									PPROVAL 3235-028 January 31 2009 average urs per . 0.3	1, 5									
(Print or Type	Responses)																		
1. Name and A ASKREN S	Symbol			r Trading ldings Inc	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)														
(Last) (First) (Middle) ONE ALLISON WAY				of Earliest T Day/Year) 2017	ransaction		X_ Director10% Owner Officer (give titleOther (specify below) below)												
				endment, D onth/Day/Yea		al	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>												
INDIANAI	POLIS, IN 46222						Person	More than One K	epotting										
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any (Month/Da	Date, if ay/Year)		Disposed (Instr. 3, Amount	(A) or of (D) 4 and 5) (A) or (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 of Indirect Beneficial Ownership (Instr. 4)										
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities bene	Perso	ons who res	spond to the colle		SEC 1474 (9-02)	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 (9-02)									

information contained in this form are not (9required 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.	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

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Instr. 5	
				Code	V	(A) (I	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Dividend Equivalent Rights	<u>(1)</u>	03/15/2017		А		15		<u>(1)</u>	<u>(1)</u>	Common Stock	15	\$ 0

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
r U	Director	10% Owner	Officer	Other
ASKREN STANLEY A ONE ALLISON WAY INDIANAPOLIS, IN 46222	Х			
Signatures				
/s/ Eric C. Scroggins, Attorney-in-Fact		03/17/20	)17	
**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 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.