Edgar Filing: Allison Transmission Holdings Inc - Form 4

Allison Transmission Holdings Inc Form 4 September 03, 2014

FORM 4	UNITED	статес	SECU	DITIES A	ND EV	сналсе	COMMISSION	т	PPROVA	L	
Washington, D.C. 20549								OMB Number:	3235-	0287	
Check this box if no longer				NCESIN	DENIER		WNEDCHID OF	Expires:	Januai	y 31, 2005	
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL O SECURITIES							Estimated burden hou response	average urs per	0.5	
Form 5 obligations may continue. See Instruction 1(b). 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 Respon	ises)										
1. Name and Address Graziosi David S	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer						
	Allison Transmission Holdings Inc [ALSN]				(Check all applicable)						
(Mo				of Earliest T Day/Year) 2014	ransaction		Director 10% Owner X Officer (give title Other (specify below) Exec VP, CFO and Treasurer				
				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 Form filed by More than One Reporting 				
INDIANAPOLIS	S, IN 46222						Person	More than One K	eporting		
(City) (S	State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned	ł	
	nsaction Date h/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	ıl	
Densis dem Denset en	1:	. f	6			(D) Price	(Instr. 3 and 4)				
Reminder: Report on	a separate line	or each cl	ass of sec	urities bene:	Perso inforn requir	ns who res nation cont red to resp nys a curre	or indirectly. Spond to the colle tained in this form and unless the for ntly valid OMB co	are not rm	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. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	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)	Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)	cquired a) or isposed (D) nstr. 3, 4,					(Instr.
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Dividend Equivalent Rights	<u>(1)</u>	08/29/2014		А	391		(1)	<u>(1)</u>	Common Stock	391	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Graziosi David S. ONE ALLISON WAY INDIANAPOLIS, IN 46222			Exec VP, CFO and Treasurer				
Signatures							
/s/ Eric C. Scroggins, attorney-in-fact		09/03/2014					
**Signature of Reporting Person		Date					
Explanation of Da							

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 two previously awarded restricted stock units ("RSUs") and vest proportionately with the

(1) RSUs to 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.