## Edgar Filing: ASKREN STANLEY A - Form 4

ASKREN ST.	ANLEY A									
Form 4										
November 14	, 2017									
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation: may contin <i>See</i> Instruct 1(b).	Filed pursu s. Filed pursu s. Section 17(a)	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</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								
(Print or Type Ro	esponses)									
ASKREN STANLEY A Symbol			on Transmission Holdings Inc				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			te of Earliest Transaction th/Day/Year) 0/2017			X Director Officer (give below)		o Owner er (specify		
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
INDIANAPO	DLIS, IN 46222						Form filed by I Person	More than One Re	eporting	
(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactic Code (Instr. 8) Code V	4. Securi onAcquirec Disposec (Instr. 3,	ties l (A) c l of (D 4 and (A) or	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)	•	
Common Stock (1)	11/10/2017		А	433	A	\$ 0 (2)	7,978	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/ Eric C. Scroggins, Attorney-in-Fact		11/14/20	)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).

These shares represent 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. 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 \$43.30, 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.