Edgar Filing: LAVIN RICHARD P - Form 4

| Form 4 | | | | | | | | | | |
|---|--|---|--------------------------------|---|--|-------------|--|---|-----------|--|
| FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contir | Section 16.SECURITIESForm 4 orForm 5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Sectionsee Instruction30(h) of the Investment Company Act of 1940 | | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type Re | esponses) | | | | | | | | | |
| LAVIN RICHARD P Symbol | | | on Transmis | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | n/Day/Year) | - | | | X_Director10% Owner Officer (give titleOther (specify below) below) | | | |
| | | | mendment, Da Ionth/Day/Year | ndment, Date Original th/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 Ro | eporting | |
| (City) | (State) (Z | Zip) T | able I - Non-E | Derivative | Securi | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Ye | Code | 4. Securi onAcquired Disposed (Instr. 3, | l (A) o l of (D 4 and (A) 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) | 02/11/2019 | | А | 464 | A | \$ 0 (2) | 11,240 | 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)

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| 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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| LAVIN RICHARD P ONE ALLISON WAY INDIANAPOLIS, IN 46222 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Jacalyn C. Bolles, Attorney-in-Fact | | 02/13/201 | 9 | | | | |
| <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 portion of the reporting person's annual retainer paid in common stock under the
 (1) 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.