Edgar Filing: Allison Transmission Holdings Inc - Form 4

Allison Transmission Holdings Inc Form 4 December 13, 2016

December 1	3, 2016										
FORM	ΙΔ								OMB AF	PROVAL	
	UNITED	Washington, D.C. 20549							OMB Number:	3235-0287	
Check th if no lon subject to Section 2 Form 4 c	o STATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: Estimated a burden hour response		
Form 5 obligations may continue. See Instruction 1(b). 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)										
Graziosi David S. 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)				
(Mont				Date of Earliest Transaction /onth/Day/Year) 2/09/2016				Director 10% Owner X Officer (give title Other (specify below) below) President CEO and Tracsurer			
	4. If Amendment, Date Original				(President, CFO and Treasurer 6. Individual or Joint/Group Filing(Check					
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by							_X_ Form filed by O Form filed by Mo	One Reporting Person fore than One Reporting			
(City)	(State)	(Zip)	Table I - N	Non-E	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if Trans Code y/Year) (Instr	: 8)	4. Securi nor Dispos (Instr. 3, Amount	sed of 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/09/2016		M		1,400	A	\$ 16.88	200,261	D		
Common Stock	12/09/2016		S <u>(1)</u>		1,400	D	\$ 35.0328 (2)	198,861	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 16.88	12/09/2016		М	1,400	(3)	11/13/2017	Common Stock	1,400

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Graziosi David S. ONE ALLISON WAY INDIANAPOLIS, IN 46222			President, CFO and Treasurer				
Signatures							

Eric C. Scroggins, 12/13/2016 attorney-in-fact Date

**Signature of Reporting Person

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). **
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

This price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$35.0100 (2) to \$35.0400. The reporting person undertakes to provide the Company, any security holder of the Company or the staff of the SEC, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

(3) The option vested in five equal annual installments beginning on November 13, 2008.

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.

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