FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	Washington, D.C. 2

OMB APP	ROVAL
OMP Number:	2225 02

287 Estimated average burden 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

See Footnote⁽¹⁾

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b)

1. Name and Address of Reporting Person* Carlyle Holdings I GP Inc.

(Last)

(First)

(Middle)

U obliga	tions may conti tion 1(b).			File							ırities Exchan			4			ll.		response:	0
Name and Address of Reporting Person* Carlyle Group Management L.L.C.				2. 1	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]									5. Relationship of R (Check all applicabl Director			· ·		Issuer Owner	
(Last) (First) (Middle) C/O THE CARLYLE GROUP					3. Date of Earliest Transaction (Month/Day/Year) 08/12/2013								Officer (give title Other (spe below) below)							
1001 PENNSYLVANIA AVE. NW, SUITE 220S 4. If					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(Street) WASHINGTON DC 20004			-																	
(City)	(S		(Zip)																	
1. Title of	Security (Ins		ole I - N	2. Transact Date (Month/Day	ion	2A. I Exec if an	Deeme	d Date,	3. Transa Code (8)	action	4. Securities Disposed Of	Acqui	red (A)	or	5. A Sec Ber	moun urities	nt of	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or P	rice	Trai	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			08/12/2	013				S		11,902,50	0 1	\$	21.17	.175 63,4		63,446,250		I	See Footnote
		Т	able II								posed of, convertib				Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Transaction 3A. Deemed 4. 5. Number 6. Date Exertation Date Transaction of Expiration I		rcisable and 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			str. 3	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownersh t (Instr. 4)						
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amo or Num of Shar	ber						
1		Reporting Person [*]						,			,							,		,
Carry 16	GIOUP N	<u>lanagement i</u>	<u></u>	<u>.</u>		_														
(Last) C/O TH	E CARLYL	(First) E GROUP	(1)	Middle)																
1001 PE	NNSYLVA	NIA AVE. NW,	SUITE	E 220S		_														
(Street) WASHI	NGTON	DC	2	0004																
(City)		(State)	(2	Zip)																
1	nd Address of <u>Group L</u>	Reporting Person* .P.	*																	
	E CARLYL NNSYLVA	(First) E GROUP NIA AVE. NW,		Middle)																
(Street)	NGTON	DC	2	0004																
(City)		(State)	(2	Zip)																

C/O THE CARLYLE GROUP 1001 PENNSYLVANIA AVE. NW, SUITE 220S								
(Street) WASHINGTON	DC	20004						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>Carlyle Holdings I GP Sub L.L.C.</u>								
(Last) (First) (Middle) C/O THE CARLYLE GROUP 1001 PENNSYLVANIA AVE. NW, SUITE 220S								
(Street) WASHINGTON	DC	20004						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>Carlyle Holdings I L.P.</u>								
(Last)	(First)	(Middle)						
C/O THE CARLYLE GROUP 1001 PENNSYLVANIA AVE. NW, SUITE 220S								
(Street) WASHINGTON	DC	20004						
(City)	(State)	(Zip)						
Name and Address of Reporting Person* TC Group, LLC								
(Last)	(First)	(Middle)						
C/O THE CARLYLE GROUP 1001 PENNSYLVANIA AVE. NW, SUITE 220S								
(Street) WASHINGTON	DC	20004						
(City)	(State)	(Zip)						
Name and Address of Reporting Person* TC Group IV Managing GP, L.L.C.								
(Last)	(First)	(Middle)						
C/O THE CARLYLE GROUP 1001 PENNSYLVANIA AVE. NW, SUITE 220S								
(Street) WASHINGTON	DC	20004						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>Carlyle Partners IV AT Holdings, L.P.</u>								
(Last) C/O THE CARLY	(First) LE GROUP	(Middle)						
	ANIA AVE. NW, SU	TTE 220S						
(Street) WASHINGTON	DC 20004							
(City)	(State)	(Zip)						

Explanation of Responses:

CARLYLE GROUP MANAGEMENT L.L.C. By: 08/14/2013 /s/ R. Rainey Hoffman, attorney-in-fact THE CARLYLE GROUP L.P. By: Carlyle Group Management L.L.C., its 08/14/2013 general partner, By: /s/ R. Rainey Hoffman, attorney-in-**CARLYLE HOLDINGS I GP** 08/14/2013 INC. By: /s/ R. Rainey Hoffman, attorney-in-fact **CARLYLE HOLDINGS I GP** SUB L.L.C. By: Carlyle Holdings I GP Inc., its 08/14/2013 managing member, By: /s/ R. Rainey Hoffman, attorney-infact CARLYLE HOLDINGS I L.P. By: Carlyle Holdings I GP Sub L.L.C., its general partner, By: Carlyle Holdings I GP Inc., its 08/14/2013 managing member, By: /s/ R. Rainey Hoffman, attorney-in-<u>fact</u> TC GROUP, L.L.C. By: Carlyle Holdings I L.P., its managing member By: /s/ R. 08/14/2013 Rainey Hoffman, attorney-infact TC GROUP IV MANAGING GP, L.L.C. By: TC Group, L.L.C., its managing member, By: Carlyle Holdings I L.P., its 08/14/2013 managing member, By: /s/ R. Rainey Hoffman, attorney-in-CARLYLE PARTNERS IV AT HOLDINGS, L.P. By: TC

Group IV Managing GP,

L.L.C., its general partner, By: TC Group, L.L.C., its

managing member, By: Carlyle

Holdings I L.P., its managing

member, By: /s/ R. Rainey

Hoffman, attorney-in-fact

** Signature of Reporting Person Date

08/14/2013

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

^{*} 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).