## Edgar Filing: Allison Transmission Holdings Inc - Form 4

Allison Transmission Holdings Inc Form 4 February 14, 2017

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FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549									N OMB Number:	3235-0	0287
										average urs per	y 31, 2005 0.5
(Print or Type	Responses)										
GARCIA TUNON ALVARO Symbol				er Name <b>and</b> 1 Transmis []			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mont				Date of Earliest Transaction onth/Day/Year) /10/2017				X_Director10% Owner Officer (give titleOther (specify below)below)			
				f Amendment, Date Original cd(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
INDIANA	POLIS, IN 46222							Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secur	rities A	cquired, Disposed	of, or Beneficia	lly Owned	I
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transaction Code (Instr. 8) Code V	Disposed (Instr. 3, 4	l (A) or d of (D) 4 and 5) (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 Indirect Beneficia Ownershi (Instr. 4)	1
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities benef	ficially ow	ned di	rectly o	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security

(Instr. 3)	Price of (1 Derivative Security		(Month/Day/Year)	Secur Acqu (A) o Dispo of (D (Instr and 5	nired or osed 0) r. 3, 4,			(Instr.			
				Code V	/ (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units	<u>(1)</u>	02/10/2017		A	563 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	563	\$ 0 <u>(3</u>

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer	Other			
GARCIA TUNON ALVARO ONE ALLISON WAY INDIANAPOLIS, IN 46222	Х						
Signatures							
/s/ Eric C. Scroggins, attorney-in-fact		02/14/2017	7				

<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).

Each deferred stock unit ("DSU") is the economic equivalent of one share of Allison Transmission Holdings, Inc.'s (the "Company") common stock. The DSUs become payable, in common stock, or at the Company's election, cash, at the earlier of the reporting person's

(1) common stock. The DSOS become payable, in common stock, of at the company's election, cash, at the earlier of the reporting person's separation from service or a change in control. DSUs earn dividend equivalents when dividends are declared on the Company's common stock.

These DSUs represent a quarterly payment of the portion of the reporting person's annual retainer and other fees under the Company's
 (2) Second Amended and Restated Non-Employee Director Compensation Policy deferred pursuant to the Company's Amended and Restated Non-Employee Director Deferred Compensation Plan. The annual retainer and other fees are payable quarterly in arrears.

(3) The number of DSUs received was calculated based on \$37.68, 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.