Ledford Gregory S Form 3 March 14, 2012 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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)

1. Name and Address of Reporting Person <u>*</u> Ledford Gregory S			2. Date of Event Requiring Statement (Month/Day/Year)	Allison Ti	3. Issuer Name and Ticker or Trading Symbol Allison Transmission Holdings Inc [ALSN]					
(Last)	(First)	(Middle)	03/14/2012		4. Relationship of Reporting Person(s) to Issuer		endment, Date Original nth/Day/Year)			
ONE ALLISON WAY										
	(Street)			(Chec	(Check all applicable)		6. Individual or Joint/Group			
INDIANAPO	OLIS, IN	46222		X_Director10% Owner Filing(C OfficerOtherX_Form (give title below) (specify below) Person		heck Applicable Line) n filed by One Reporting filed by More than One g Person				
(City)	(State)	(Zip)	Tab	ble I - Non-Deriva	tive Securiti	s Beneficially Owned				
1.Title of Secur (Instr. 4)	ity		Ben	amount of Securities eficially Owned tr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ind Ownership (Instr. 5)	lirect Beneficial			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 147										
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Deriv (Instr. 4)	vative Securit	Expi	nte Exercisable and ration Date /Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		- · · · · I	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Ledford Gregory S ONE ALLISON WAY INDIANAPOLIS, IN 46222	ÂX	Â	Â	Â		
Signatures						
/s/ Eric C. Scroggins, attorney-in-fact	03/14/2012					
**Signature of Reporting Person		Date				

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

Â

Remarks:

Exhibit List: Exhibit 24 - Confirming Statement

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.