FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Dugenske John E						2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director						
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 03/26/2024										,		below)	y		
3100 SANDERS ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)									-,						
(Street) NORTHBROOK IL 60062					X Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
	Table	I - N	lon-Deriva	tive \$	Secu	rities	Acq	uir	red, D	isposed	of, o	r B	enefici	ally (Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			ır) if any		Date,	Co	Transaction Code (Instr.						nd 5) Sec Ber Ow Foll		curities neficially ned lowing		m: Direct or irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Со	de	v	Amount	(A) or (D)	or Price		Transaction		action(s)				
Common Stock 03/26/2024			1			5	S		31,000	D	\$	\$170.2001(1)		(1) 63,731			D			
Common Stock														327			I	By 401(k) Plan		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Title of crivative courity or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)		Code (8)	Transaction of Code (Instr. 8) By Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date (Month/Day/Year) Date Expiration				nour curi iderl eriva curi and	nt of ties lying tive ty (Instr.	Derivative Security (Instr. 5)		derivative Securities Beneficially Owned Following Reported	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
	(Fir E ALLSTATANDERS ROUNDERS	(First) (NE ALLSTATE CORPORATE ANDERS ROAD BROOK IL 6 (State) (Z Table Security (Instr. 3) Stock 1 Stock 1 Stock 2. Conversion or Exercise Price of Derivative (Month/Day/Year)	(First) (Middle E ALLSTATE CORPORATION ANDERS ROAD BROOK IL 60062 (State) (Zip) Table I - N Security (Instr. 3) Table I - N Security (Instr. 3) 2. Conversion or Exercise Price of Derivative (Month/Day/Year)	(First) (Middle) E ALLSTATE CORPORATION ANDERS ROAD BROOK IL 60062 (State) (Zip) Table I - Non-Deriva Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Stock 03/26/2024 1 Stock 3. Transaction Date (e.g., pu	Ske John E Ske John E Ske John E (First)	ALLSTA Ske John E	ALLSTATE	ALLSTATE CO Ske John E	ALLSTATE CORP (First) (Middle) E ALLSTATE CORPORATION (NDERS ROAD BROOK IL 60062 (State) (Zip) Table I - Non-Derivative Securities Acquire (Month/Day/Year) Part of Derivative Securities Acquire (e.g., puts, calls, warrants, operation or Exercise Price of Derivative Security 2. 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If Amendment, Date of O	ALLSTATE CORP ALLSTATE CORP ALLSTATE CORP ALLSTATE CORPORATION	Ske John E Ske	ALLSTATE CORP [ALL]	ALLSTATE CORP [ALL] (First) (Middle) E ALLSTATE CORPORATION INDERS ROAD BROOK IL 60062 (State) (Zip) Check this box to indicate that a transaction was made puts satisfy the affirmative defense conditions of Rule 10b5-1(c) Table I - Non-Derivative Securities Acquired, Disposed of, or Be (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year) 1 Stock Table II - Derivative Securities Acquired, Disposed of, or Be (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year) 2 Table II - Derivative Securities Acquired, Disposed of, or Be (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year) 3 Transaction Date (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year) 4 Security Securities Acquired, Disposed of, or Be (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year) 2 Transaction Date (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year) 3 Transaction Date (Month/Day/Year) 4 Securities Acquired, Disposed of, or Be (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year) 2 Transaction Date (e.g., puts, calls, warrants, options, convertible securities Acquired (Month/Day/Year) 3 Transaction Date (Month/Day/Year) 4 Securities Acquired (Month/Day/Year) 4 Securities Acquired (Month/Day/Year) 5 Number (Expiration Date (Month/Day/Year) (Month/Day/Year) 5 Number (Month/Day/Year) 6 Securities Acquired (Month/Day/Year) 8 Date (Month/Day/Year) 8 Securities Acquired (Month/Day/Year)	Code V	ALLSTATE CORP [ALL] ALLSTATE CORP [ALL]	ALLSTATE CORP [ALL] (Check all app Disec Office (Check all app Disec Office Delow Pres (Check all app Disec Office Delow Pres Office Delow Pres (Check all app Disec Office Delow Pres Office Delow Pres (Check all app Disec Office Delow Pres Office Delow Pres (Check all app Disec Office Delow Pres Office Delow Pres (Check all app Disec Office Delow Pres (Check all app Disector Delow Pres (Check all app Dise	ALLSTATE CORP [ALL] (Check all applicable) Director Officer (give title below) Pres, Invest. & 1 (Check all applicable) Director Officer (give title below) Pres, Invest. & 1 (Check all applicable) Director Officer (give title below) Pres, Invest. & 1 (Check all applicable) Director Officer (give title below) Pres, Invest. & 1 (Check title box to Indicate that a transaction was made pursuant to a contract, instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). 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If Amendment, Date of Original Filed (Month/Day/Year) (State) (ZIp) (State) (ZIp) (State) (ZIp) (Rule 10b5-1(c) Transaction Indication (Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plate safety the affirmative defense conditions of Rule 10b5-1(c). See instruction 10. (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A.) Demed Code (Instr. 3) (A.) Demed Code (Instr. 3) (A.) Securities Acquired, Disposed of, or Beneficially Owned Following Reported Transaction (e.g., puts, calls, warrants, options, convertible securities) (A.) Or Price (Gode, Transaction) (e.g., puts, calls, warrants, options, convertible securities) (A.) Demed Code (Instr. 3) (A.) Demed Cod	ALLSTATE CORP [ALL] 3. Date of Earliest Transaction (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check A Line) X Form filed by More than One Rep Person Form filed by More than One Rep Person Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is interest to satisfy the affirmative defense conditions of Rule 10b5-1(c). See instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Security (Instr. 3) 2. Transaction Date (Instr. 4) (Month/Day/Year) 2. Transaction Date (Instr. 4) (Month/Day/Year) 2. Transaction (Month/Day/Year) 3. Transaction (Month/Day/Year) 2. Transaction (Month/Day/Year) 3. Transaction (Month/Day/Year) 4. Stock 3. Transaction (Month/Day/Year) 3. Transaction (Month/Day/Year) 4. Stock 3. Transaction (Month/Day/Year) 3. Transaction (Month/Day/Year) 4. Amount (Instr. 4) 4. Amount (Instr. 4) 4. Amount (Instr. 4) 4. Amount (Instr. 4) 4. 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Explanation of Responses:

1. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$170.150 to \$170.380. The reporting person provided the issuer, and will provide any security holder of The Allstate Corporation or member of the SEC staff, full information regarding the number of shares sold at each separate price upon request.

/s/ Meghan E. Jauhar,

03/28/2024 attorney-in-fact for John E.

<u>Dugenske</u>

** Signature of Reporting Person Date

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

- * 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).

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.