FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|------------------|

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* CIVGIN DON (Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD | | | | | Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] Date of Earliest Transaction (Month/Day/Year) 03/05/2015 | | | | | | | | | Check all a Di | ship of Reportir applicable) rector ficer (give title | | 10% C | wner | |
|--|---|------|---------------|---|--|---|---|---|--|--------|---|---------------|------------------------|--|--|--|--|--|--|
| | | | | | | | | | | | | | | be | low) ` | | X Other (specify below) usinesses - AIC | | |
| (Street) NORTHE | BROOK IL | | 50062 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Ye | | | | | | ar) | | ine) X F | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally Ow | ned | | | |
| Date | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | nd 5) Sed Bed Ow | mount of urities eficially ned Following orted | For (D) | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tra | nsaction(s) tr. 3 and 4) | | | (111311.4) | |
| Common | ommon Stock 03/05 | | | 03/05/ | 2015 | :015 | | | A | | 60,269(1) | | A | \$ | 0 | 108,016 | | D | |
| Common | Stock | | | 03/05/ | 2015 | | | | F | | 27,543 | 2) | D | \$69 | 9.56 | 80,473 | | D | |
| Common Stock | | | | | | | | | | | | | 1,354 ⁽³⁾ | | I | By 401(k) Plan | | | |
| 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) | erivative Conversion Date Execution or Exercise (Month/Day/Year) if any | | n Date, | 4. Transaction Code (Instr. 8) | | on of | | 6. Date Exercis Expiration Date (Month/Day/Ye | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | | . | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | | | | | | |

Explanation of Responses:

- 1. Shares acquired from conversion of performance stock awards pursuant to The Allstate Corporation 2013 Equity Incentive Plan.
- 2. Shares withheld to satisfy tax withholding obligations incident to the conversion of performance stock awards.
- 3. Reflects acquisition of 6 shares of The Allstate Corporation common stock since February 12, 2015 under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated March 3, 2015.

/s/ Don Civgin

03/09/2015

** 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.