FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burd | len | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| Check th | nis box if no longer subject to |
|-------------|---------------------------------|
| Section | 16. Form 4 or Form 5 |
| obligatio | ns may continue. See |
| Instruction | on 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* KEANE MARGARET M | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] | | | | | | | | (Che | elationshi eck all app | olicable) | g Person(s) to Is | | | |
|--|--|---------|-----------|----------|---|---|--------|---|--|-----------|--|---|-----------------------|---------------------------|---|---|---|--|--|
| (Last) (First) (Middle) 2775 SANDERS ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2019 | | | | | | | | | Offic belo | er (give title w) | Other below) | (specify | |
| C/O THE ALLSTATE CORPORATION | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) NORTHBROOK IL 60062 | | | | | | | | | | | | | | Line | Forn | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Sec | uritie | s Ac | quired | , Dis | posed o | f, or | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | Transaction Disposed Of (Code (Instr. 5) | | | ies Acquired (A) or Of (D) (Instr. 3, 4 a | | | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A (D |) or) | Price | Trans | action(s) 3 and 4) | | (Instr. 4) | | | | |
| Common Stock 04/01/2 | | | | | /2019 | | A | | 328(1) | | A | \$95.09 |) | 1,348 | D | | | | |
| 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | Price of erivative ecurity 1str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercis | | Expiration Date | Title | Num of Shar | | | | | | |

Explanation of Responses:

1. Stock acquired pursuant to election to receive stock in lieu of cash compensation under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors.

/s/ Efie Vainikos, attorney-infact for Ms. Keane

04/03/2019

** Signature of Reporting Person

eporting 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.