## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL										
	OMB Number:	3235-0287									
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1	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*  MCNEIL RONALD D					2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title X Other (specify								
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD				09/	3. Date of Earliest Transaction (Month/Day/Year) 09/25/2006										below) A below)  SVP Allstate Insurance Company								
(Street) NORTHI	BROOK IL	ate)	60062-61 (Zip)		-	4. If Amendment, Date of Origi						of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			action	2 Eur) if	2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			d (A) or	or 5. Amour Securities Beneficia		t of S	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									ĺŀ	Code V		Amount	(A (D	A) or O)	Price	·	Owned Following Reported Transaction(s) (Instr. 3 and 4)		(i) (iii3iii <del>4</del> )		(Instr. 4)		
Common Stock (				09/25	25/2006					M		8,399	)	A	\$41	341.31 40,3		33.232(1)		D			
Common Stock 09				09/25	5/2006					S		8,299	)	D	\$61		32,084.232(1)			D			
Common Stock																20,846.4064(2)			Ι .	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		n of l		Ex	6. Date Exercisa Expiration Date (Month/Day/Yea			of Sec Under Deriva	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Da: Ex	ite ercisabl		xpiration ate	Title		Amour or Numbe of Shares	er							
Employee Stock Option (right to	\$41.31	09/25/2006			М			8,399	10	)/27/200	1 1	0/27/2008	Comm Stoc		8,399	(1)	\$41.31	0		D			

## **Explanation of Responses:**

- $1. \ The \ transactions \ reported \ in this Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1(c) \ trading \ plan \ adopted \ by \ the \ reporting \ person \ on \ July \ 22, \ 2005.$
- 2. Reflects adjustment of 6.993 shares of The Allstate Corporation common stock since September 15, 2006 under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated September 26, 2006.

09/27/2006 RONALD DEAN MCNEIL

\*\* 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.