FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEFI	CIAL O	WNERSHIP	)

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
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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

Name and Address of Reporting Person*     CROCKETT JOAN M					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 v 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)  SVP Allstate Insurance Company					
(Street) NORTHBROOK IL 60062-6127				27	_   4.	If Ame	endme	nt, Date o	of Original	Filed	(Month/Da		Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	/ativ	e Se	curit	ies Ac	quired,	Dis	posed o	f, or Be	neficia	ly Owned	l					
Date				Date	Transaction ate lonth/Day/Year)		Execution Date,		Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	Code V		Amount (A) or (D)		Reported Transaction(s) (Instr. 3 and 4)				(111501.4)		
Common Stock 09/25					5/200	2006		М		33,750	) A	\$31.7	78 77,3	316(1)	D					
Common Stock 09/25					5/200	2006		F <sup>(2)</sup>		6,421	D	\$61.3	39 70,8	70,895(1)		D				
Common Stock 09/2				09/25	5/200	2006		S		27,185	5 D	\$61.7	78 43,	43,710(1)		D				
Common Stock													7,725	.0108 <sup>(3)</sup>		I	by 401(k) Plan			
		-									osed of, convertil			Owned						
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative urities uired or oosed O) (Instr.	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Securities (Instr. 3 and 4)					8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	is Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares							
Employee Stock Option (right to	\$31.78	09/25/2006			M			33,750	02/07/20	06 (	02/07/2013	Common Stock	33,750	\$31.78	11,250	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 June 6, 2006.
- 2. Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the exercise.
- 3. Reflects adjustment of 5.1526 shares of The Allstate Corporation common stock since September 1, 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.

JOAN M CROCKETT

09/27/2006

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.