FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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: 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

1. Name and Address of Reporting Person* Winter Matthew E							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 Vother (specify					
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2014									Officer (give title X Other (specify below) Pres Allstate Personal Lines						
(Street) NORTHBROOK IL 60062-6127 (City) (State) (Zip)					-	4. If Amendment, Date 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. Transaction Date (Month/Day)					ction	2A. Exe	Deemed ecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amou Securitie Benefici Owned F		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	ion(s)			Instr. 4)		
Common Stock 01/02/20						114			М		19,697	A	\$31.	.41	50,2	235(1)		D			
Common Stock 01/02/20					2014)14			S		19,697	D	\$53.7	76 ⁽²⁾	30,	538		D			
Common Stock														7	761		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Shares	er							
Employee Stock Option (Right to	\$31.41	01/02/2014			M			19,697	(3))	02/22/2020	Common Stock	19,69	97	\$0	39,394	4	D			

Explanation of Responses:

- 1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1(c) trading plan adopted by the reporting person on May 7, 2013.
- 2. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$53.50 to \$54.26. 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.
- 3. Stock option award granted to reporting person on February 22, 2010. The remaining 25% to vest on February 22, 2014.

/s/ Matthew E. Winter 01/06/2014

** 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.