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 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).

	tion 1(b).	ide. 000		File							urities Exchar					Hours	pei les	эропос.	0.5
Name and Address of Reporting Person*     Prindiville Mark Q.					2. 1		Name	and T	icker o	r Tradi	ng Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION					11.	3. Date of Earliest Transaction (Month/Day/Year)  11/21/2023  4. If Amendment, Date of Original Filed (Month/Day/Year)									Director 10% Owner Officer (give title X Other (specify below)  EVP & Chief Risk Officer - AIC  6. Individual or Joint/Group Filing (Check Applicable				
3100 SANDERS ROAD  (Street)  NORTHBROOK IL 60062					-	ii Ailieli	idilici	ii, Daii	0 01	giriari	ilea (Monave	Line)	Line)						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
Table I - Non-Deriv.  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y)				on	2A. Deemed Execution Da			3. Transaction Code (Instr. 8)		4. Securities Disposed Of	5. Ar Secu Bene Own		mount of urities eficially ned Following		n: Direct or Indirect Enstr. 4)	7. Nature of Indirect Beneficial Ownership			
						(			Code	v	Amount	(A) or (D)	Price			orted nsaction(s) tr. 3 and 4)		. (	(Instr. 4)
Common	Stock			11/21/20	23	3			M	Ш	4,016	A	\$52	\$52.18		22,693		D	
Common	Common Stock 11/21/202.			23				M		6,935	A	\$70	.71	29	29,628		D		
Common	Stock			11/21/20	23				S		10,951	D	\$135.4	1262(1)	18	,677		D	
Common	Stock														0 I				By 401(k) Plan
		7	able								sposed of s, convert				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	3A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative urities uired or oosed O) tr. 3, 4	Expi	te Exer ration [ th/Day		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Der Sed (Ins	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
					Code	V (A) (D)		(D)	Date Exer	cisable	Expiration Date	Title	Amo or Num of Shar	ber					
Employee Stock Option	\$52.18	11/21/2023			M			4,016	02/1	8/2017	02/18/2024	Comm	on 4,0	16	<b>\$</b> 0	0		D	

## **Explanation of Responses:**

\$70.71

(Right to Buy) Employee Stock Option

(Right to Buy)

1. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sales prices ranged from \$135.19 to \$135.59. The reporting person provided to 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.

02/18/2018

02/18/2025

/s/ Meghan E. Jauhar, attorney-11/22/2023 in-fact for Mark Q. Prindiville

\$<mark>0</mark>

0

D

Date

\*\* Signature of Reporting Person

6,935

Stock

Stock

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

11/21/2023

M

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.

6,935

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).