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* Shebik Steven E | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] | | | | | | | | heck | all applic | , | | on(s) to Issi 10% Ow Other (s | /ner | |
|--|---|--|---|--|---|---|--|--------|--|-------|---|---|--|--|--|--|---|---|---|--|
| (Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2014 | | | | | | | | EVP & Chief Financial Officer | | | | | | |
| (Street) NORTHBROOK IL 60062 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | ction | 2A. Exe) if ar | A. Deemed execution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | 5. Amount of Securities Beneficially Owned 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 Transaction (Instr. 3 and | | tion(s) | | | (Instr. 4) | |
| Common Stock 08/08/20 | | | | | | 14 | | | М | | 20,836 | A | \$52.5 | 57 | 76 | ,879 | | D | | |
| Common Stock 08/08/20 | | | | | 2014 |)14 | | | S | | 20,836 | D | \$59.23 | 6(1) | 56,043 | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 6,941(2) | | | I | By 401(k) Plan | |
| | | - | Table II | | | | | | | | posed of, convertil | | | y O | wned | | | | | |
| 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. Transaction Code (Instr. 8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | De Se | Price of erivative ecurity astr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | de V | | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Employee Stock Option (Right to | \$52.57 | 08/08/2014 | | | M | | | 20,836 | 02/22/2 | 2009 | 02/22/2015 | Common Stock | 20,830 | 5 | \$0 | 0 | | D | | |

Explanation of Responses:

- 1. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$59.20 to \$59.29. 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.
- 2. Reflects acquisition of 60 shares of The Allstate Corporation common stock since February 18, 2014 under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated August 6, 2014.

/s/ Steven E. Shebik

08/12/2014

** Signature of Reporting Person

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.