FORM 4

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

Washington, D.C. 20549

ngton, D.C. 20549	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*				2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
TRAQUINA PERRY M									_ ,				X	Director			10% Ow	ner	
(Last) (First) (Middle) 2775 SANDERS ROAD					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2018									Officer ( below)	give title		Other (specifically below)	pecify	
C/O THE ALLSTATE CORPORATION				4	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line) X Form filed by One Reporting Person					
NORTHBROOK IL 60062													Form filed by More than One Reporting Person						
(City)	(	State)	(Zip)																
		Ta	able I - Non-	-Derivat	tive S	ecurities	Acc	uired,	Dis	oosed o	f, or B	ene	ficially	Owned					
Date			2. Transact Date (Month/Day	Execution		Date,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securities Beneficially Owned Foll		Form:	Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or	Price	Transaction	Reported Transaction(s) (Instr. 3 and 4)		"	nstr. 4)	
	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		3A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	o N	mount r umber f Shares		(Instr. 4)				
Common Share Unit	\$0	07/01/2018		A		342.391 <sup>(1)</sup>		(1)		(1)	Commo		42.391	\$91.27	2,502.	512	D		

## **Explanation of Responses:**

1. These common share units were acquired pursuant to The Allstate Corporation Amended and Restated Deferred Compensation Plan for Non-Employee Directors and represent the director's fees deferred under the Plan and converted into units based on the fair market value of The Allstate Corporation's common shares. The units are credited with amounts representing dividends on common shares, as declared, which are also converted into units. For the period of April 2, 2018 through July 1, 2018, the reporting person acquired 10.553 of common share units representing those dividends.

/s/ Efie Vainikos, attorney-in-

07/03/2018

fact for Mr. Traquina

\*\* 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.