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# 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL

I	OMB Number:	3235-0287								
I	Estimated average burden									
	hours per response:	0.5								

1. Name and Addres	ss of Reporting Person IOMAS J	1*	2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSTATE CORP [ ALL ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner
(Last) THE ALLSTAT	TE CORPORATION		3. Date of Earliest Transaction (Month/Day/Year) 03/17/2005	Officer (give title X Other (specify below) President Allstate Protection
(Street) NORTHBROOF	(State)	60062-6127 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. 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-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)				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(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	03/17/2005		М		3,118	A	\$40.15	97,356.456 <sup>(1)</sup>	D		
Common Stock	03/17/2005		М		1,611	A	\$40.9	98,967.456(1)	D		
Common Stock	03/17/2005		<b>F</b> <sup>(2)</sup>		1,375	D	\$53.86	97,592.456 <sup>(1)</sup>	D		
Common Stock	03/17/2005		<b>F</b> <sup>(2)</sup>		2,637	D	\$53.86	94,955.456(1)	D		
Common Stock								2,810.3 <sup>(3)</sup>	Ι	by 401(k) Plan	

Table II - Derivative Securities Ac	quired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warran	ts, 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. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deri Secu Acq (A) ( Disp of (E	oosed D) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		e Amount of		8. Price of Derivative Security (Instr. 5)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$40.15	03/17/2005		М			3,118	10/21/2004 <sup>(4)</sup>	07/06/2005	Common Stock	3,118	\$40.15	6,235	D	
Employee Stock Option (right to buy)	\$40.9	03/17/2005		М			1,611	02/09/2002	04/29/2005	Common Stock	1,611	\$40.9	0	D	

#### Explanation of Responses:

1. Form also reflects 1,086.209 shares acquired during period of April 2, 2004 through January 6, 2005 through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common shares.

2. Delivery of shares to issuer to pay the exercise price and minimum tax withholding liability incurred in connection with the exercise.

3. Reflects acquisition of 252.245 shares of The Allstate Corporation common stock since May 12, 2004 under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated March 18, 2005.

4. Remaining increments of employee stock option to purchase 6,235 shares of common stock to vest in two installments, 3,118 shares on October 21, 2005 and 3,117 shares on October 21, 2006.

#### **THOMAS J WILSON** 03/21/2005

\*\* 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.