FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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OMB APPROVAL OMB Number: 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).

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* Sherrill Gregg M | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|--|---|--|--|--------|--|---|---------|---|--|-------------------------------|---------------------------|--|---|---|---|--|---|--|--|--|
| (Last) | | rst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2017 | | | | | | | | Λ | | (give title | | Other (s below) | | |
| C/O THE ALLSTATE CORPORATION | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NORTHBROOK IL 60062 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | -Deriv | /ative | Se | curitie | s Ac | quired, D | ispo | osed c | of, or Be | neficia | lly (| Owned | ı | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. Transaction Code (Instr. 8) 4. Securities Ac Disposed Of (Disposed | | ities Acquir d Of (D) (Ins | ed (A) or str. 3, 4 ar | nd Securiti Benefic | | es ally Following | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | , . | Amount | t (A) or (D) | | | Transaci (Instr. 3 | ction(s) | | | (Instr. 4) | | |
| | | Т | | | | | | | uired, Dis s, options | | | | | y Oı | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (l 8) | | of | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price Derivati Security (Instr. 5 | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e C S Illy C O | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Exp | oiration te | Title | Amount or Number of Shares | | | | | | | |
| Restricted Stock Units | (1) | 10/01/2017 | | | A | | 1,125 | | (1) | | (1) | Common Stock | 1,125 | | \$0 | 1,125 | | D | | |

Explanation of Responses:

1. Restricted Stock Units (RSUs) granted under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors providing that each RSU represents the right to receive one share of Allstate common stock following either a standard restriction period or a deferred period of restriction if elected. The RSUs reported will convert into common stock upon the earlier of (i) the third anniversary of the date of grant, (ii) the day following the date on which the reporting person's Board service terminates, and (iii) the day following the date of the reporting person's death or disability.

/s/ Efie Vainikos, attorney-in-

fact for Mr. Sherrill

10/03/2017

** 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.