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). 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*  Greffin Judith P						2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title below)  Other (specify below)					
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD					08/	3. Date of Earliest Transaction (Month/Day/Year) 08/11/2012								EVP & CIO Allstate Ins. Co.					
(Street) NORTHBROOK IL 60062-6127					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(Si		(Zip)	n Doriv	otivo			ioo As	auirad	Die	nood 4	of or Bo	noficial	ly Owner					
1. Title of Security (Instr. 3)  2. Trans Date				2. Transa Date	Transaction ate Month/Day/Year)			med on Date,	3. Transa	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 08/11/					2012	2012			М		1,500	) A	\$0	24,324.581			D		
Common Stock 08				08/11/	08/11/2012				F		622	622 D		98 23,702.581(1)		D			
Common Stock														3,194(2)		I		By 401(k) Plan	
		7	able II -								osed of converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, 1	4. Transac Code (I 3)		n of l		6. Date E Expiratio (Month/D	n Date	9	Amount of Securities Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Restricted Stock	(3)	08/11/2012			M			1,500	08/11/20	12	08/11/2012	Common	1,500	\$0	0		D		

## **Explanation of Responses:**

Units

- 1. Form also reflects 22.18 shares acquired during period of January 7, 2012 through July 6, 2012 through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common shares
- 2. Reflects acquisition of 35 shares of The Allstate Corporation common stock since February 16, 2012 under the Allstate 401 (k) Savings Plan, pursuant to the most recent plan statement, dated August 13, 2012.
- 3. Conversion of previously awarded restricted stock units into an equal number of common shares, without the payment of any consideration, pursuant to The Allstate Corporation Amended and Restated 2001 Equity Incentive Plan (now known as The Allstate Corporation 2009 Equity Incentive Plan).

/s/ Katherine A. Smith. attorney-in-fact for Judith P.

08/14/2012

Greffin

\*\* 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.