FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, B.O. 20040	OMB APPROV		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	-;	

	OIVID ALT NOVAL							
RSHIP	OMB Number:	3235-0287						
.1\31 111	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

1. Name and Address of Reporting Person* <u>ESKEW MICHAEL L</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSTATE CORP ALL								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				THE STATE CORE [ ALL ]								X Director			10% Ov	/ner	
(Last)	`	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2018							Officer (give title below)			Other (s below)	pecify	
	_																
2775 SANDERS ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													X Form filed by One Reporting Person				
NORTHI	BROOK I	Ĺ	60062								Form filed by More than One Reporting Person				ing		
(City)	(\$	State)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Da		2. Transact Date Month/Day	Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 18)		ed (A) or tr. 3, 4 and 5	5. Amoun Securities Beneficia Owned Fo Reported	s Form Illy (D) or ollowing (I) (In:		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	nount (A) or (D)		Transacti	Transaction(s) (Instr. 3 and 4)			instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Executity or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Yea	ate, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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 Exercisabl		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Common Share Unit	\$0	04/01/2018		A		329.641 <sup>(1)</sup>		(1)		(1)	Common Stock	329.641	\$94.8	6,127.	113	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 January 2, 2018 through April 1, 2018, the reporting person acquired 20.97 of common share units representing those dividends.

> /s/ Efie Vainikos, attorney-infact for Mr. Eskew

04/03/2018

\*\* 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.