SEC Form 4	
------------	--

 $\square$ 

## 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

OWR APPRO	JVAL
OMB Number:	3235-0287
Estimated average bur	den

Estimated average burde	en
hours per response:	0.5

1. Name and Address of Reporting Person <sup>*</sup>			2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]	(Check	tionship of Reporting Perso all applicable) Director Officer (give title	on(s) to Issuer 10% Owner Other (specify	
(Last) C/O THE ALLS 2775 SANDERS	(First) (Middle) ATE CORPORATION		3. Date of Earliest Transaction (Month/Day/Year) 09/08/2016	X	below) EVP, General Couns	below)	
(Street) NORTHBROOK (City)	IL (State)	60062-6127 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing Form filed by One Repor Form filed by More than Person	ting 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)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	t (A) or Price		Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	09/08/2016		М		2,895	A	\$62.24	28,690	D	
Common Stock	09/08/2016		S		2,895	D	<b>\$69.285</b> <sup>(1)</sup>	25,795	D	
Common Stock								<b>8,757</b> <sup>(2)</sup>	Ι	By 401(k) Plan

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(*:9:,	<b>P</b> ,	•••••	,		, opno,	•••••						
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)		I of E		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) (Instr. 4)	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)	\$62.24	09/08/2016		М			2,895	02/20/2011	02/20/2017	Common Stock	2,895	\$0	0	D	

#### Explanation of Responses:

Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$69.28 to \$69.29. The reporting person provided the issuer, and will provide any security holder of The Allstate Corporation or member of the SEC staff, full information regarding the number of shares sold at each separate price upon request.
 Reflects acquisition of 76 shares of The Allstate Corporation common stock since March 24, 2016 under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated September 7, 2016.

<u>/s/ Efie Vainikos, attorney-in-</u> fact for Ms. Lees

09/12/2016

\*\* Signature of Reporting Person

son 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.