FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

nington,	D.C.	20549		

OMB APP	ROVAL
 OMB Number	2225.02

hours per response

0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

## 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*  TRAQUINA PERRY M					2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]								Relationship of eck all applica X Director	ıble)	g Perso	on(s) to Issue	
(Last) (First) (Middle) 2775 SANDERS ROAD					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2020							Officer ( below)	give title		Other (specifically below)	pecify	
C/O THE ALLSTATE CORPORATION				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NORTHBROOK IL 60062			60062									X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate)	(Zip)														
		Ta	able I - Non-D	erivat	ive S	ecurities	Acq	uired,	Dis	posed of	f, or Ber	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L			te		Execution I	2A. Deemed Execution Date, f any (Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 an		Beneficial Owned Fo	Forr ly (D) (	Form: (D) or	n: Direct II or Indirect E nstr. 4) C	7. Nature of ndirect Beneficial Dwnership	
				Code V Amount (A) or P				Price	Reported Transactio (Instr. 3 ar	tion(s)			nstr. 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Deemed Execution Dat if any (Month/Day/Ye		Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Share	3	(Instr. 4)	ion(s)		
Common Share Unit	\$0	07/01/2020		A		327.122 <sup>(1)</sup>		(1)		(1)	Common Stock	327.12	2 \$95.53	5,262.	762	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 April 2, 2020 through July 1, 2020, the reporting person acquired 27.743 of common share units representing those dividends.

/s/ Efie Vainikos, attorney-infact for Mr. Traquina

07/02/2020

\*\* 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.