FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
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

							11011 30(	(11) 01 1110	- IIIVCStillic		лпрапу Аст	01 10 10								
Name and Address of Reporting Person*     Shapiro Glenn T						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 X other (specify					
	E ALLSTA	TE CORPORAT	(Middle)		3. Date of Earliest Transaction (Mo 05/07/2021					Month	/Day/Year)			below)			below) y&Liabili	' ´		
2775 SANDERS ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)	BROOK IL		60062						and the second s					Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)											Person	1					
		Tab	ole I - No	n-Deri	vativ	e Se	ecurit	ies Ac	quired	, Dis	sposed c	of, or Be	neficia	lly Owned	l					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefici Owned	es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	e V Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock		05/07	05/07/2021				М		57,218	A \$9		8 79	79,032		D					
Common Stock		05/07	05/07/2021				F		48,149	1) <b>D</b>	\$129.	74 30	),883		D					
Common Stock			05/07/2021		L			М		43,507	7 A	\$92.4	16 74	74,390		D				
Common	Stock			05/07	7/2021				F		36,546 <sup>0</sup>	1) <b>D</b>	\$129.	74 37	37,844		D			
Common Stock													3	361		I	By 401(K) Plan			
		-	Table II -								osed of converti			/ Owned		_				
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	n Date, Tran Code		action Instr.	on of		6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e ( s I ully I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares							
Employee Stock Option (Right to Buy)	\$92.8	05/07/2021			М			57,218	02/22/20	021	02/22/2028	Common Stock	57,218	\$0	0		D			
Employee Stock Option (Right to	\$92.46	05/07/2021			М			43,507	(2)		02/08/2029	Common Stock	43,507	\$0	21,75	4	D			

## **Explanation of Responses:**

- 1. Shares withheld to pay the option exercise price and tax withholding obligations incurred in connection with the exercise.
- 2. Stock option award granted on February 8, 2019, for 65,261 shares of common stock vesting in three equal increments. The remaining increment will vest on February 8, 2022.

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

05/11/2021

\*\* 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.