FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
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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

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1. Name and Address of Reporting Person* PILCH SAMUEL H							2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]									k all applic Director	able)	) Perso	10% Ow	ner	
(Last) (First) (Middle) THE ALLSTATE CORPORATION 2775 SANDERS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/14/2005										X Officer (give title Other (spe below)  Controller					
(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)	(S		(Zip)																		
		Tal	ble I - No	n-Deriv	vativ	re Se	curi	ties Ac	quire	d, D	isp	osed of	f, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			, Transaction Dispose Code (Instr.				ies Acquired (A) or 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 ndirect Beneficial Ownership	
									Co	Code V		Amount (A) or (D)		Pric	Transacti		ion(s)			Instr. 4)	
Common	Stock	4/200	2005			N	M		22,125		\$	642	54,4	19 <sup>(1)</sup>		D					
Common Stock 02/14/2												20,773	B D		553	33,646(1)			D		
Common Stock 02/14/2							2005			)		1,425	D	\$5	3.11	32,221(1)		D			
Common Stock																1,809.5522 <sup>(3)</sup>			I 4	oy 401(k) Plan	
			Table II -									osed of, onvertib				Owned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,		ansaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc tion Da l/Day/Y	ate	ble and	7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Form Direct or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable		Expiration Date	Title	Amo or Num of Shar	ber						
Employee Stock Option (right to	\$42	02/14/2005			M			22,125	05/15/	2002 <sup>(4)</sup>		05/15/2011	Common Stock	22,1	125	\$42	7,375	5	D		

## Explanation of Responses:

- $1. \ The \ transactions \ reported \ in \ this \ Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1(c) \ trading \ plan \ adopted \ by \ the \ reporting \ person \ on \ August \ 6, \ 2004.$
- $2. \ Delivery \ of \ shares \ to \ issuer \ to \ pay \ minimum \ tax \ withholding \ liability \ incurred \ in \ connection \ with \ the \ exercise.$
- 3. Reflects acquisition of 205.1083 shares of The Allstate Corporation common stock since December 21, 2004 under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated February 14, 2005.
- 4. Option to purchase 7,375 shares of common stock, remaining increment to vest on May 15, 2005.

SAMUEL H PILCH

02/15/2005

\*\* 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.