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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>PILCH SAMUEL H</u>						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					
(Last) (First) (Middle) THE ALLSTATE CORPORATION 2775 SANDERS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/16/2005								X Officer (give title Other (specify below) Controller					
(Street) NORTHBROOK IL 60062-6127						. , , , ,									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)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transar Date (Month/D					action	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amount of		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) c (D)	Price	Transac (Instr. 3	tion(s)				
Common Stock 02/1						5			M		14,502	2 A	\$42	.5 46,	46,723(1)		D		
Common Stock 02/1						5/2005			F ⁽²⁾		864	D	\$53.	29 45,	45,859(1)				
Common Stock 02/10					6/200	5			S		13,624		\$53	.5 32,	32,235(1)				
Common Stock														1,809	1,809.5522 ⁽³⁾		4	oy 401(k) Plan	
		-	Table II -							•	osed of, onvertil			y 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 if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date E Expiratio (Month/D	n Date	of Securitie		ities ng 'e Security	Derivative Security	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owr Forr Bly Dire or Ir (I) (I	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$42.5	02/16/2005			M			14,502	08/13/19	99 (08/13/2008	Commor Stock	14,502	\$42.5	0		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.

SAMUEL H PILCH

02/17/2005

** 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.