FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

ngton, D.C. 20549	OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	OMB APPROVAL							
OMB Number: 3235-0287								
	Estimated average burden							
l	hours per response:	0.5						

Name and Address of Reporting Person*  ESKEW MICHAEL L			2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSTATE CORP ALL							Relationship of Reporting Person(s) to Issuer (Check all applicable)							
ESKEV	v MICH	ACL L						_ [				X	Director			10% Ow	ner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2017						Officer ( below)	give title		Other (sp below)	pecify		
C/O THI	E ALLSTA	TE CORPORAT	ION														
2775 SA	NDERS R	OAD			4. If Am	endment, Da	ate of	Original F	iled (	Month/Day	/Year)	6. Inc	lividual or Jo	int/Group F	iling (	Check Appli	cable
(Ctroot)					4. If Amendment, Date of Original Filed (Month/Day/Year)						′	Line)					
(Street)	BROOK I	Γ.	60062									X	_	,		Ü	
,————			00002										Form filed by More than One Reporting Person				ng
(City)	(:	State)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transact Date (Month/Day	Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 3		d (A) or r. 3, 4 and 5)	5. Amount Securities Beneficial Owned Fo Reported	Form:		Direct II Indirect B tr. 4) C	. Nature of ndirect seneficial ownership nstr. 4)				
					Code V Amount (A) or (D)		Price	Transactio	ction(s)			1150.4)					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
			(e	e.g., pu	ts, ca	ııs, warra	ınts,	option	s, c	onvertib	ie secu	rities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	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 an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		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 Shares		(Instr. 4)			
Common Share Unit	\$0	01/01/2017		A		421.614 <sup>(1)</sup>		(1)		(1)	Common Stock	421.614	\$74.12	4,317.4	14	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 director's fees deferred under the Plan and converted into units based on the 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. Since October 2, 2016, the reporting person acquired 18.705 of common share units representing dividends paid through January 1, 2017.

/s/ Katherine A. Smith, attorneyin-fact for Mr. Eskew

\*\* 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.