SEC Form 4	
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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

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 APP	ROVAL
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I	Estimated average burden	

			2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]	(Check	tionship of Reporting Pers all applicable) Director Officer (give title	10% Owner	
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD		· /	3. Date of Earliest Transaction (Month/Day/Year) 06/03/2016	- X	below) EVP & Chief Finance	Other (specify below) cial Officer	
(Street) NORTHBROOK		60062 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person	rting Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Table 1 Hen Bernarde Cobartice Acquirea, Bieposed ei, er Benenetary erned												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	Amount (A) or (D)		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock	05/31/2016		G	v	5,489 ⁽¹⁾	D	\$ <mark>0</mark>	87,388	D			
Common Stock	06/03/2016		М		20,000	A	\$16.83	107,388	D			
Common Stock	06/03/2016		S		20,000	D	\$67.46(2)	87,388	D			
Common Stock								7 ,50 3 ⁽³⁾	I	By 401(k) Plan		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		on of tr. Derivative Securities Acquired (A) or Disposed of (D) (Instr.		6. Date Exercisable and Expiration Date (Month/Day/Year)		Expiration Date		Expiration Date		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares												
Employee Stock Option (Right to Buy)	\$16.83	06/03/2016		М			20,000	02/27/2013	02/27/2019	Common Stock	20,000	\$0	0	D									

Explanation of Responses:

1. Gift of shares to two charitable entities.

2. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$67.41 to \$67.50. The reporting person provided the issuer, and will provide any security holder of The Allstate Corporation or member of the SEC staff, full information regarding the number of shares sold at each separate price upon request.

3. Reflects acquisition of 65 shares of The Allstate Corporation common stock since February 4, 2016, under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated June 6, 2016. 06/07/2016

/s/ Steven E. Shebik

** 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.