FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Wash | nington | , D.C. | 20549 |
|------|---------|--------|-------|
| | | | |

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue Coo | |

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* KEANE MARGARET M | | | | 2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] | | | | | | | | | | | ip of Reporting Person(s) to Issu plicable) ctor 10% Owr | | | | | | |
|---|--------|-------------|--------------------------------------|---|--|---|--------|---|-------|---|-------------------------------|---------------|-----------------------|------------------------|---|---|--|--|-----------------------|--|--|
| (Last) 2775 SANDE | | AD | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2020 | | | | | | | | | | Office | fficer (give title elow) | | Other (specify below) | | |
| C/O THE AL | LLSTAT | E CORPORATI | ON ——— | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NORTHBRO | OOK IL | (| 50062 | | | | | | | | | | | | X | | n filed by One n filed by Mor on | | • | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Sec | uritie | s Acc | uired | , Dis | posed o | f, o | r Ben | eficia | ally C | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | Execution Date, | | | | ies Acquired (A) o Of (D) (Instr. 3, 4 | | | and 5) Secur Benef Owne | | cially d Following | Form: Di (D) or Inc | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | |
| Common Stock 01/01/2 | | | | | 2020 | 2020 A 277 ⁽¹⁾ A | | | A | \$112 | 12.45 2,218 D | | | | | | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date Execution if any (Month/Day/Year) | | Date, | 4. Transaction Code (Instr. 8) | | 5. Nun of Derivi Secun Acqui (A) or Dispo of (D) (Instr. and 5 | tities red Seed 3, 4 | | on Dai | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. 3 | ıt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Inc (I) (In | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Stock acquired pursuant to election to receive stock in lieu of cash compensation under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors.

/s/ Efie Vainikos, attorney-in-

01/03/2020

fact for Ms. Keane ** 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.