FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

1. Name and Address of Reporting Person* WILSON THOMAS J							2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]								5. Relationship of Reportir (Check all applicable) X Director			wner	
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/11/2016								X Officer (give title Other (specify below) Chairman and CEO					
(Street) NORTHBROOK IL 60062-6127 (City) (State) (Zip)					4.	If Ame	endment, C	Date o	of Origir	nal File	ed (Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Ta	ble I - N	lon-Dei	rivativ	ve Se	ecurities	s Ac	quire	d, Di	isposed o	f, or Be	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				action	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)					Beneficially Owr Following Repor				. Nature of ndirect eneficial wenership			
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and			(Instr. 4)		
Common	Stock			02/12	2/2016)16		A		130,638(1	A	\$0	151,875.295 ⁽²⁾⁽³⁾		Ι)			
Common Stock 02/12/20					2/2016				F		54,863(4)	D	\$62.32	97,012.	295	Ι			
Common Stock														118,9	00]		By 2014 GRAT	
Common Stock														267,12	7 ⁽²⁾]		By 2015 GRAT	
Common Stock														109,905]	I Remainder GRAT		
Common Stock														5,780 ⁽⁵⁾				By 401(k) Plan	
			Table I								posed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y		ate of Securit		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	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	unt (Instr. 4) ber					
Employee Stock Option (Right to Buy)	\$62.32	02/11/2016			A		295,324		(6))	02/11/2026	Common Stock	295,324	\$0	295,	324	D		

- 1. Shares acquired upon conversion of 2013 performance stock award, pursuant to The Allstate Corporation 2013 Equity Incentive Plan.
- 2. Reflects reporting person's contribution of 267,127 shares on December 3, 2015, of Allstate common stock previously reported as directly held to the Thomas J. Wilson 2015 GRAT Trust.
- 3. Form also reflects 13.672 shares acquired during period of October 7, 2015, through January 7, 2016, through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation
- 4. Shares withheld to satisfy tax withhelding obligations incident to the conversion of performance stock award.
- 5. Reflects acquisition of 172 shares of The Allstate Corporation common stock since December 1, 2015, under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated February 4, 2016.
- 6. Option exercisable in three increments, with one third vesting on February 11, 2017, February 11, 2018, and February 11, 2019, with any fractional shares to be rounded as provided for in award agreement.

/s/ Thomas J. Wilson

02/16/2016

** Signature of Reporting Person

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.