FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| gtori, D.C. 20049 | OMB APPROVAL |
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| | |

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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* PIKE ROBERT W (Last) (First) (Middle) THE ALLSTATE CORPORATION 2775 SANDERS ROAD (Street) | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>ALLSTATE CORP</u> [ALL] 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2005 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | wner specify pplicable | |
|---|---|--|---|----------------|------------------------------|---|-------------------------------|-------|---------------------------------------|--|---------------------|---|---|-------|--|---|--|--|--|--|
| , | BROOK II | | 60062-6 | 127 | - | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | · | (Zip) | n Dani | | | !4! | | ! | Dia | | f av D | | - 11. | . 0 | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transa Date | 2. Transaction | | | 2A. Deemed Execution Date, | | ction Instr. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amou Securiti Benefic Owned | | nt of es ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | , | Transact | Reported Fransaction(s) Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | | 02/04 | 02/04/2005 | | | | М | | 5,539 | A | \$4 | 0.5 | 65 | ,044 | | D | | |
| Common | Stock | | | 02/04 | 1/2005 | | | | F ⁽¹⁾ | | 4,736 | D | \$51 | .71 | 1 60,308 | | | D | | |
| Common | nmon Stock | | | | | | | | | | | | | | 2,331.4548(2) | | | I | by 401(k) Plan | |
| | | 1 | able II - | | | | | | | | osed of converti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transa Code (8) | | | | 6. Date Ex Expiration (Month/Da | n Date | • | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | E | 8. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Over the control of t | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | | Date Exercisat | | Expiration Date | Title | Amous or Number of Shares | mber | | | | | | |
| Employee Stock Option (right to | \$40.5 | 02/04/2005 | | | M | | | 5,539 | 12/05/200 | 01 (| 02/06/2005 | Common Stock | 5,53 | 9 | \$40.5 | 0 | | D | | |

Explanation of Responses:

- 1. Delivery of shares to issuer to pay the exercise price and minimum tax withholding liability incurred in connection with the exercise.
- 2. Reflects acquisition of 207.3435 shares of The Allstate Corporation common stock since September 20, 2004 under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated February 7, 2005.

ROBERT W PIKE

02/08/2005

** 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.