FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |

| OMB Number: | 3235-028 |
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| Estimated average burde | en |
| hours per response: | 0. |

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* SPRIESER JUDITH A | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] | | | | | | | | 5. Relationshi (Check all app X Direct | | olicable) | ., | Issuer Owner | |
|--|---|--------|---------|----------|-----------------------------|--|---|---------------|--|--|--------------------|---|--------------|---|--|---|--|-------------------|--|
| (Last) (First) (Middle) C/O THE ALLSTATE CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2017 | | | | | | | | | Office below | er (give title w) | Othe belo | er (specify w) | |
| 2775 SANDERS ROAD | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) NORTHBROOK IL 60062-6127 | | | | , | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | ate, | 3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (D | | | | | nd 5) Secui Bene | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | |
| | | | | v | Amount | | | (A) or (D) | Price | | Transa | action(s) 3 and 4) | | (iiisti. 4) | | | | | |
| Common Stock 02/27/20 | | | | | | :017 | | | | | 1,244 | D | \$81.2 | 295(1) | | 0 | 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) | rative Conversion Date Execution Date, if any | | | | Transaction Code (Instr. | | 6. Number of Expiration Derivative Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5) | | | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Security Security (Instr. and 4) | | t of ies ring ive y (Instr. 3 | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci: | sable | Expiration Date | Title | of Shares | | | | | | |

Explanation of Responses:

1. Reflects weighted average sale price for open-market sales transactions reported herein. Actual sale prices ranged from \$81.29 to \$81.30. 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.

/s/ Efie Vainikos, attorney-infact for Judith A. Sprieser

03/01/2017

** 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.