FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Washington, D.C. 20049

| 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

OMB APPROVAL

OMB Number: 3235-0287

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*  RUEBENSON GEORGE E           |   |  |   |       |   | 2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ] |     |        |                                    |        |                      |                                     |   | Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     Officer (give title     V Other (specify |   |   |   |  |  |  |  |
|--|---|--|---|-------|---|---|-----|--------|------------------------------------|--------|----------------------|-------------------------------------|---|--|---|---|---|--|--|--|--|
| (Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD |   |  |   |       |   | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2006       |     |        |                                    |        |                      |                                     |   |  | SVP Allstate Insurance Company  |   |   |  |  |  |  |
| (Street)  NORTHBROOK IL 60062-6127  (City) (State) (Zip)               |   |  |   |       | _   4.                                  | 4. If Amendment, Date of Original Filed (Month/Day/Year)          |     |        |                                    |        |                      |                                     |   |  | Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |   |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)          |   |  |   |       |   | tion 2A. Deemed Execution Date                                    |     |        | 3.<br>Transa<br>Code (             | ction  | 4. Securit           | 5.<br>I Se<br>Be                    | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following                                 |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |  |  |
|  |   |  |   |       |   |   |     |        |                                    | v      | Amount               | (A) o<br>(D)                        | Price   | Tra  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |   |   |  | (Instr. 4)   |  |  |
| Common Stock 08/21/  |   |  |   |       |   | 2006  |     |        | М                                  |        | 32,980               | 2,980 A                             |   | 38 50,921.117(1)   |   | 1.117(1)  |   | D  |  |  |  |
| Common Stock 08/21   |   |  |   |       | 1/200                                   | 6   |     |        |                                    |        | 32,880               | 0 D                                 | \$58.   | .38 18,0   |   | 1.117 <sup>(1)</sup>  |   | D  |  |  |  |
| Common Stock   |   |  |   |       |   |   |     |        |                                    |        |                      |                                     |   |  | 548.2879(2)   |   |   | I  | by<br>401(k)<br>Plan   |  |  |
|  |   | -  | Гable II -                                    |       |   |   |     |        |                                    |        | osed of,<br>onvertil |                                     |   | / Owr  | ed  |   |   |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                    | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date, | 4.<br>Transaction<br>Code (Instr.<br>8) |   |     |        | 6. Date E<br>Expiratio<br>(Month/D | n Date | •                    | of Securi<br>Underlyii<br>Derivativ | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e<br>s<br>lly                                       | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |   |  |   |       | Code                                    | de V  | (A) | (D)    | Date<br>Exercisal                  |        | Expiration<br>Date   | Title                               | Amount<br>or<br>Number<br>of<br>Shares  |  |   |   |   |  |  |  |  |
| Employee<br>Stock<br>Option<br>(right to                               | \$33.38   | 08/21/2006                                 |   | Ì     | M                                       |   |     | 32,980 | 02/07/20                           | 06 (   | 02/07/2012           | Common<br>Stock                     | 32,980  | \$33   | .38   | 0   |   | D  |  |  |  |

## Explanation of Responses:

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 (c) trading plan adopted by the reporting person on May 1, 2006.
- 2. Reflects acquisition of 107.0554 shares of The Allstate Corporation common stock since March 15, 2005 under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated May 17, 2006.

GEORGE E RUEBENSON

08/23/2006

\*\* 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.