SEC For	rm 4 FORM	<b>A</b> I		ר פדא	TES	SEU	םו ור	1710			УСЦА		co						
		ES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549											OME	B APPRC	VAL				
Section 16. Form 4 or Form 5 obligations may continue. See						JT OF CHANGES IN BENEFICIAL OWNE pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									SHIP	OMB	Estimated average burden		3235-0287
1. Name and Address of Reporting Person <sup>*</sup> Turner Monica J					AL	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>ALLSTATE CORP</u> [ ALL ]								(Ch	eck all appl X Direct	icable) or	, 10% Owr		wner
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) Officer (give below)   06/01/2023 below)									Other ( below)	(specify			
C/O THE ALLSTATE CORPORATION 3100 SANDERS ROAD					4. lf #	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting				
(Street) NORTHBROOK IL 60062															Person				
(City)	(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication        Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tabl	e I - Noi	ו-Deriv	ative \$	Secu	urities	s Ac	quired, I	Dis	posed	of, or E	Bene	ficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)						Forr (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	t (A) (D)	or	Price	Transac	ction(s)			(Instr. 4)
	Code   V   Amount   (D)   Price   (Instr. 3 and 4)     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	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transac Code (Ir 8)	tion 1str.	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy J	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nu of	nount Imber ares					

## Explanation of Responses:

(1)

Restricted

Stock Units

1. Restricted Stock Units (RSUs) granted under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors providing that each RSU represents the right to receive one share of Allstate common stock following either a standard restriction period or a deferred period of restriction if elected. The RSUs reported will convert into common stock upon the earlier of (i) the day prior to the third anniversary of the date of grant, (ii) the date on which the reporting person's Board service terminates, and (iii) the date of the reporting person's death or disability.

(1)

<u>/s/ Jillian K. Ludwig, attorney-</u> <u>in-fact for Ms. Turner</u> 06/05/2023

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\*\* Signature of Reporting Person Date

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Common

Stock

(1)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/01/2023

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.