FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STA
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

## ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 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* <u>Gupta Suren</u>						2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]								5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Owner Officer (give title					ner
	`	TE CORPORAT	(Middle)			Date o		iest Trans	saction (Month/Day/Year)						below)		X Other (below) e President - A		
(Street) NORTHBROOK IL 60062-6127  (City) (State) (Zip)				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	vativ	e Se	curit	ies Ac	quired	, Dis	sposed o	f, or Be	neficia	ally	Owned				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Da				Exe ay/Year) if ar		A. Deemed execution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				es ally Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock		12/13/2016		5			М		46,297	A	\$33	.88	90,5	569(1)		D			
Common	Stock			12/13	3/2016	5			S		46,297	D	\$72.6	59 <sup>(2)</sup>	2) 44,272		D		
Common Stock													635(3)			I	By 401(k) Plan		
		-	Table II								osed of, convertil				wned		,		
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/Da	Date,	4. Transa Code ( 8)				6. Date E Expiratio (Month/D	on Dat		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	. Price of Perivative Pecurity Pecurity Pecurity	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	mber					
Employee Stock Option	\$33.88	12/13/2016			M			46,297	05/02/20	015	05/02/2021	Common Stock	46,29	17	\$0	0		D	

## **Explanation of Responses:**

Buy)

- 1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1(c) trading plan that became effective on December 9, 2016.
- 2. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$72.54 to \$73.08. 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.
- 3. Reflects acquisition of 11 shares of The Allstate Corporation common stock since February 4, 2016 under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated December 13, 2016.

/s/ Efie Vainikos, attorney-in-12/15/2016 fact for Suren Gupta

\*\* 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.