FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

er subject to	STATEMENT OF CHANG

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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* BRUNE CATHERINE S						2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title v Other (specify				
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD						/14/2	2010			`		Day/Year)		Officer (give title X Other (specify below) SVP Allstate Insurance Company							
(Street) NORTHBROOK IL 60062-6127					_ 4.	If Ame	endme	nt, Date	of Orig	inal F	iled	(Month/Da	Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Person							
(City)	(S	tate)	(Zip)																		
		Tab	le I - No	n-Deri	vativ	e Se	curit	ties Ac	quir	ed, C	Dis	posed o	f, or	Ben	eficiall	y Owned					
Date			Date	. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			nsact de (In:						5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Co	de \	/	Amount	A) 1)	A) or D)	Price	Transact (Instr. 3 a	ion(s)	(Instr. 4)			
Common	Stock			04/1	4/201	0			:			8,449		D	\$34	13,2	262(1)		D		
Common Stock				04/1	04/14/2010				N	1		35,937	7 A \$1		\$16.83	49,199(1)			D		
Common	Stock			04/1	4/201	0				5		35,937	7	D	\$33.7	13,2	13,262 ⁽¹⁾ D				
Common	Stock															5,474.				By 401(k) Plan	
		-	Гable II -									osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,		ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exe ation I h/Day	Date		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	y Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable		Expiration Date	Title		Amount or Number of Shares						
Employee Stock Option (Right to	\$16.83	04/14/2010			М			35,937		3)		2/27/2019	Comr		35,937	\$0	107,81	3	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 December 18, 2009.
- 2. Reflects acquisition of 31.8169 shares of The Allstate Corporation common stock since February 23, 2010 under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated April 14, 2010.
- 3. Stock option award granted to reporting person on February 27, 2009; remaining three increments to vest on February 27, 2011, February 27, 2012 and February 27, 2013.

/s/ Katherine A. Smith, attorney-in-fact for Catherine S. 04/16/2010 Brune

** 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.