FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* CROCKETT JOAN M					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 X Other (specify below) SVP Allstate Insurance Company						
(Last) (First) (Middle) THE ALLSTATE CORPORATION 2775 SANDERS ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/01/2005														
(Street) NORTHBROOK IL 60062-6127				4. If	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					
(City)	(S		(Zip)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action 2 E Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securiti Transaction Disposed Code (Instr. 5)			ities Acqu	ired (A)	or	5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial	
								Code V		Amount	(A)	or Pr	ice	Owned Following Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock			02/01	01/2005				M	+	4,27	- 1	. 9	648.8	<u> </u>	375 ⁽¹⁾		D		
Common Stock 0		02/01	/2005				M	T	4,06	6 A S		42.25	5 49,441(1)			D			
Common Stock		02/01	02/01/2005				S		8,04	9 [\$	50.66	41,392(1)			D			
Common Stock			02/01	02/01/2005				F ⁽²⁾		243	B I	1	50.8	41,149(1)			D		
Common Stock 02/0		02/01	/2005						60	1	1	50.8	41,089(1)			D			
Common Stock											7,15	7,152.6228		Ι .	by 401(k) Plan				
		7	able II -								osed of				wned			'	
1. Title of Derivative Security (Instr. 3)	. Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date if any		ed Date,	4. Transaction Code (Instr. 8)		n of I		6. Date Exercisa Expiration Date (Month/Day/Year		sable and e	7. Title a Amount Securiti Underly Derivati	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	ıble	Expiration Date	Title	Amo or Num of Shai	ber					
Employee Stock Option (right to buy)	\$42.25	02/01/2005			М			4,066	11/04/1	998	02/06/2005	Commo: Stock	4,0	66	\$42.25	0		D	
Employee Stock Option (right to buy)	\$48.8	02/01/2005			M			4,278	04/24/1	999	02/06/2005	Commo: Stock	4,2	78	\$48.8	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 December 3, 2004.
- 2. Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the exercise.

JOAN M CROCKETT 02/03/2005

** 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.