FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	PROVAL
OMB Number:	3235-02

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OIVID AFFROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* KEANE MARGARET M						2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]									neck all app	olicable) etor		erson(s) to Issuer 10% Owner	
	NDERS RO	DAD	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/01/2018										er (give title w)		Other (specify below)	
C/O THE ALLSTATE CORPORATION (Street) NORTHBROOK IL 60062					- 4.1	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				
(City)	(S	tate)	(Zip)												reisc) II			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			, Transaction Disposed Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 a			Benefic	ies For ially (D) Following (I) (n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)			(
Common Stock 01/01/2							2018		A		149(1	149 ⁽¹⁾ A \$		3104.	71	149		D	
	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)	3A. Deeme Execution if any (Month/Da	Date,	Date, Transa Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	n Date	Amount of		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nui of	ount mber ares					
Restricted Stock Units	(2)	01/01/2018			A		617		(2)		(2)	Common Stock	6	17	\$0	617		D	

Explanation of Responses:

- 1. Stock acquired pursuant to election to receive stock in lieu of cash compensation for service beginning on January 1, 2018, under The Allstate Corporation 2017 Equity Compensation Plan for Non-
- 2. 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 third anniversary of the date of grant, (ii) the day following the date on which the reporting person's Board service terminates, and (iii) the day following the date of the reporting person's death or disability.

/s/ Efie Vainikos, attorney-in-01/03/2018 fact for Ms. Keane

Date

** Signature of Reporting Person

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.