## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

## STATEMENT 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*  BRUNE CATHERINE S  (Last) (First) (Middle)  THE ALLSTATE CORPORATION					3. E												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						
2775 SANDERS ROAD  (Street)  NORTHBROOK IL  (City) (State) (Zip)				27	4. 11	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						
(0.5)	(0)			n Doriv	rotive		ouriti	ioo A <i>c</i>		irod I	Dia	20004		r Bo	noficia	.II.	Ownoo						
1. Title of Security (Instr. 3)			2. Trans	. Transaction		2A. Deemed Execution Date,			3. Transac Code (Ir 8)	tion	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				or 5. Amo		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code V		Amount (A) or (D)		Price	Tuo'maaa		tion(s)			msu. 4)			
Common Stock				03/14	1/2005	5				M		4,353	3	A	\$3	5	23,8	815(1)		D			
Common Stock 0				03/14	4/2005					S		3,692	2	D	\$5	\$55		20,123(1)		D			
Common Stock 03				03/14	1/2005	5				<b>F</b> <sup>(2)</sup>		464		D	\$54	.86	19,0	659(1)		D			
Common Stock															11,393.46 <sup>(3)</sup>			Ι .	by 401(k) Plan				
		Т	able II -	Deriva (e.g., p	tive S	Secu call:	uritie s, wa	s Acq	uir s, o	ed, Di	ispo s, c	osed of onverti	or ble	Bene secu	eficial Irities)	y O	wned			,	<u> </u>		
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	ed Date,	Date, Transa Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. C	Date Exe piration I onth/Day	rcisa Date	ıble and	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		d f Security	8. De Se (In	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly D	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		Expiration Date	Title		Amount or Number of Shares								
Employee Stock Option (right to	\$35	03/14/2005			М			4,353	08/	/12/2000	0	8/12/2009		nmon ock	4,353		\$35	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 September 3, 2004.
- 2. Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the exercise.
- 3. Reflects adjustment of 4.141 shares of The Allstate Corporation common stock since February 14, 2005 under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated March 15, 2005.

**CATHERINE S BRUNE** 

03/15/2005

\*\* 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.