FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
---------------	------------

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 * Lees Susan L						2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]								neck all appli	cable) or		Issuer Owner er (specify	
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/04/2017								X Officer (give title Other (special below) EVP, General Counsel & Sec.				
(Street) NORTHBROOK IL 60062-6127					_ 4. I _	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		(Zip)															
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			action	2/ Ex	2A. Deemed Execution Date, f any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Obsposed Of (D) (Instr. 3, 4		l (A) or	5. Amou Securiti Benefic Owned	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)	
Common Stock 08/0					/2017				М		44,904	A	\$45.6	1 73	,511	D		
Common Stock 08/04					/2017				F ⁽¹⁾		32,616	D	\$94.1	.1 40	,895	D		
Common Stock 08/04/				/2017	2017			S		12,288	D	\$94.09	28,607		D			
Common Stock													8,981(3)		I	By 401(k) Plan		
		-	Γable ΙΙ ·								osed of, convertil			/ Owned			,	
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Ye			3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (l 8)				6. Date Exercisable an Expiration Date (Month/Day/Year)			d 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form: Direct or Indi (I) (Inst	D) Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	nber				
Employee Stock Option (Right to Buy)	\$45.61	08/04/2017			М			44,904	02/12/20)17	02/12/2023	Common Stock	44,904	\$0	0	D		

Explanation of Responses:

- 1. Shares withheld by issuer to pay the exercise price and minimum tax withholding liability incurred in connection with the exercise.
- 2. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$94.08 to \$94.13. 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 27 shares of The Allstate Corporation common stock since February 27, 2017 under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated August 3, 2017.

/s/ Efie Vainikos, attorney-infact for Ms. Lees

08/08/2017

** 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.