FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

lgton, D.C. 20549	OMB APPROVAL

	L OIVID AI	OND AFFROVAL				
IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287				
IN BENEFICIAL CHARLESTIN	Estimated average	Estimated average burden				

0.5

hours per response:

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

STATEMENT OF CHANGES

1. Name and Address of Reporting Person*  TRAQUINA PERRY M				2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSTATE CORP [ ALL ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
			-					,			X	Director			10% Owi	ner		
(Last) 2775 SA	( NDERS R	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/01/2017							Officer ( below)	give title		Other (sp below)	ecify		
C/O THE ALLSTATE CORPORATION				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)												1 ′	Line)  X Form filed by One Reporting Person					
	BROOK I	L	60062								Form filed by More than One Reporting Person							
(City)	(	State)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Day/Year) if any		cution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 3)		d (A) or r. 3, 4 and 5)	5. Amount Securities Beneficial Owned Fo Reported	Forn lly (D) collowing (I) (II	Form:	: Direct II r Indirect B str. 4) C	. Nature of ndirect Beneficial Ownership Instr. 4)			
							Code	/	Amount	(A) or (D)	Price	Transactio (Instr. 3 ar				11501. 4)		
	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		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Common Share Unit	\$0	10/01/2017		A		340.007 <sup>(1)</sup>		(1)		(1)	Common Stock	340.007	\$91.91	1,508.8	358	D		

## **Explanation of Responses:**

1. These common share units were acquired pursuant to The Allstate Corporation Amended and Restated Deferred Compensation Plan for Non-Employee Directors and represent the director's fees deferred under the Plan and converted into units based on the fair market value of The Allstate Corporation's common shares. The units are credited with amounts representing dividends on common shares, as declared, which are also converted into units. For the period of July 2, 2017, through October 1, 2017, the reporting person acquired 4.859 of common share units representing those dividends

> /s/ Efie Vainikos, attorney-infact for Mr. Traquina

10/03/2017

\*\* 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.