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

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

Name and Address of Reporting Person*     Shapiro Glenn T						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 below)  Pres Allstate Personal Lines						
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/06/2018														
(Street) NORTHBROOK IL 60062  (City) (State) (Zip)					4. 11	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)				n-Deriv	vative	- Se	curit	ies Ac	nuired	Dis	nosed c	of or Be	nefici	ally	Owned					
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transpare (Month)				saction	ar)	2A. De Execui		3. Transa	ction	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			r	5. Amou Securitie Benefici Owned F	nt of s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	Price	e	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock					08/06/2018				М		12,26	8 A	\$6	6.7	15,556		D			
Common Stock 08/0					6/2018	6/2018					14,37	7 A	\$78	3.35	29,933			D		
Common Stock 08/0				6/2018				S		21,72	8 D	\$98	3.7(1)	8,205		D				
Common Stock															114			I	By 401(K) Plan	
		-	Table II -								osed of				wned					
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,	4. Transaction Code (Instr. 8)		of		6. Date Exercis: Expiration Date (Month/Day/Yea		9	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S	. Price of perivative security nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	le V (A		(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share							
Employee Stock Option (Right to Buy)	\$66.7	08/06/2018			M			12,268	(2)	(	04/05/2026	Commor Stock	12,26	58	\$0	12,269		D		
Employee Stock Option (Right to Buy)	\$78.35	08/06/2018			М			14,377	(3)	(	02/09/2027	Commor Stock	14,37	77	\$0	28,750	6	D		

## **Explanation of Responses:**

- 1. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sales prices ranged from \$98.57 \$98.825. 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.
- 2. Stock option award granted on April 5, 2016 for 36,805 shares of common stock vesting in three equal increments. The remaining increment will vest on April 5, 2019.
- 3. Stock option award granted on February 9, 2017 for 43,133 shares of common stock vesting in three equal increments. The remaining increments will vest on February 9, 2019 and February 9, 2020.

/s/ Efie Vainikos, attorney-in-08/08/2018 fact for Mr. Shapiro

\*\* 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.