FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

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

1. Name and Address of Reporting Person* WILSON THOMAS J						2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]								Check all app	ing Person(s) to Issu		Owner	
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD				17	3. Date of Earliest Transaction (Month/Day/Year) 12/02/2015								X Officer (give title Other (specify below) below)  Chairman and CEO					
(Street) NORTHBROOK IL 60062-6127				127	4. 										Individual or Joint/Group Filing (Check Applicab Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)															
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				action	2A Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5. Amount of Securities Beneficially Owne Following Reporte				7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s) nd 4)			(Instr. 4)
Common	Stock			12/0	12/01/2015				G	V	62,850	D	\$0	273,502	2.623(1)(2)	]	D	
Common Stock 12/02					2/2015	/2015					190,000	A	\$53.8	4 463,5	02.623		D	
Common Stock 12/02				2/2015				F <sup>(3)</sup>		175,152	D \$62.89 288,350.623		]	D				
Common Stock														118	,900			By 2014 GRAT
Common Stock													5,6	08 <sup>(4)</sup>			By 401(k) Plan	
Common Stock													109,905				Remainder GRAT	
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)		4. Transactic Code (Inst 8)				6. Date Exercis Expiration Date (Month/Day/Ye		te of Securities		ies g Security	Derivativ Security	derivat Securit Benefic Owned Followi Report	ive ties cially ing	10. Ownersh Form: Direct (D or Indired (I) (Instr.	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shar	unt (Instr. per	(Instr. 4			
Employee Stock Option (Right to Buy)	\$53.84	12/02/2015			M			190,000	02/21/2	2010	02/21/2016	Common Stock	190,00	\$0		0		

## **Explanation of Responses:**

- 1. Gift of shares to charitable family foundation.
- 2. Form also reflects 26.526 shares acquired during period of April 8, 2015 through October 6, 2015 through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common shares
- 3. Delivery of shares to issuer to pay the exercise price and minimum tax withholding liability incurred in connection with the exercise.
- 4. Reflects acquisition of 76 shares of The Allstate Corporation common stock since March 3, 2015, under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated December 1, 2015.

/s/ Thomas J. Wilson

12/04/2015

\*\* Signature of Reporting Person

Doto

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.