| SEC | Form | 4 |
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(Street)

(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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|--|----------|--|---|---|----------------------|--|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMEN | IT OF CHANGES IN BENEFICIAL OWN | ERSHIP | OMB Number: 3235-0 Estimated average burden | | |
| 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 | | hours per response: | 0.5 | |
| 1. Name and Address of Reporting Person* <u>SPRIESER JUDITH A</u> | | 2. Issuer Name and Ticker or Trading Symbol <u>ALLSTATE CORP</u> [ALL] | 5. Relationship of R (Check all applicab X Director | Reporting Person(s) to Issuer le) 10% Owner | | |
| | liddle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2007 | Officer (giv below) | ve title Oth | ner (specify low) | |
| C/O THE ALLSTATE CORPORATIO | DN | | | | | |
| , | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Join Line) | bint/Group Filing (Check Applicable | | |

| NORTHBROOK IL | 60062-6127 |
|---------------|------------|
| | |

(Zip)

(State)

Form filed by One Reporting Person Form filed by More than One Reporting

X

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | Date | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|------|---|------|---|---|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 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) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units | \$0 ⁽¹⁾ | 12/01/2007 | | A | | 2,000 | | (1) | (1) | Common Stock | 2,000 | (1) | 8,000 | D | |

Explanation of Responses:

1. Restricted Stock Units (RSUs) are granted under The Allstate Corporation 2006 Equity Compensation Plan for Non-Employee Directors, as amended and restated. Each RSU represents the right to receive one share of Allstate common stock upon the earlier of (i) the date of the reporting person's death or disability, and (ii) one year after the date on which the reporting person is no longer serving as a director of Allstate.

> Katherine A. Smith for Judith A. Sprieser

12/04/2007 Date

** Signature of Reporting Person

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.