Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEME	NT O	F CH	ANG

GES 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* CROCKETT JOAN M															Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title							
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/14/2007										Officer (give title X Other (specify below) SVP Allstate Insurance Company						
(Street) NORTHBROOK IL 60062-6127					4. 1	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-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	action 2A. Deemed Execution Date,			3. 4. Securitie Transaction Disposed (Code (Instr. 5)			of, or Beneficia ities Acquired (A) or d Of (D) (Instr. 3, 4 an			5. Amount o Securities Beneficially Owned Follo		nt of es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
										Code V		Amount		(A) or (D)		rice Report		tion(s)			(Instr. 4)	
Common Stock 02/				02/14	4/200	/2007		М			11,25	0	A	\$31.	78	54,960(1)			D			
Common Stock 02/14				4/200	2007			F ⁽²			1,614		D	\$61.	71	53,346(1)			D			
Common Stock 02/14					4/200	2007			S			8,995	5 D \$		\$61.	78	44,351(1)		D			
Common Stock																	7,935.379 ⁽³⁾			I	by 401(k) Plan	
			Table II -									sed of, onvertil				/ Owr	ed					
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, Transa Code (6. Date Expira (Month	ion D	ate		7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4)		es I Security	Deriv Secu	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ON FO Di Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exerci	sable		xpiration ate	Title		Amount or Number of Shares							
Employee Stock Option	\$31.78	02/14/2007			М			11,250	02/07/	2007	0	2/07/2013	Com		11,250	\$31	.78	0		D		

Explanation of Responses:

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1(c) trading plan adopted by the reporting person on June 6, 2006.
- 2. Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the exercise.
- 3. Reflects acquisition of 210.3682 shares of The Allstate Corporation common stock since September 25, 2006 under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated February 14, 2007.

JOAN M CROCKETT

02/16/2007

** 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.