FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

mton D.C. 20E40	
gton, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287
Estimated average burde	n
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* RILEY H JOHN JR					2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Own				
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2011								give title	Other (s below)	·	
2775 SANDERS ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street) NORTHBROOK IL 60062-6127											Line)	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	()	State)	(Zip)													
		Ta	able I - Non-D	erivat	ive S	ecurities	Acc	quired, Dis	sposed o	f, or Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				te		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.			d (A) or r. 3, 4 and 5)	5. Amount Securities Beneficial Owned Fo	es Formially (D) (Following (I) (I	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar	on(s) nd 4)		(Instr. 4)	
			Table II - De (e.					iired, Disp options,				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date 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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)			
Restricted Stock Units	(1)	06/01/2011		A		4,928		(1)	(1)	Common Stock	4,928	\$0	17,725	D		
Common Share Unit	\$0	06/01/2011		A		903.417 ⁽²⁾		(2)	(2)	Common Stock	903.417	\$30.44	19,667.746	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, or (ii) the date on which the reporting person is no longer serving as a director of Allstate.
- 2. 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 March 1, 2011 through June 1, 2011, the reporting person acquired 124.463 of common share units representing those dividends.

/s/ Katherine A. Smith, attorney-06/02/2011 in-fact for Mr. Riley

** 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.