FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20549	

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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1. Name and Address of Reporting Person* SYLLA CASEY					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 Other (specify below) President Allstate Financial					
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/15/2007														
(Street) NORTHBROOK IL 60062-6127 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Foi Foi						
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Acc	uired,	Dis	posed o	f, or	Bene	ficia	ılly Owr	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		Date,	Code (Instr. 5)				d Secu Bene Own	5. Amount of Securities Beneficially Owned Following Reported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount (A) or (D)			Price	Trans	action(s) . 3 and 4)			(msu. 4)
Common	Stock			02/15/	2007				F ⁽¹⁾		7,610		D	\$ <mark>61</mark> .	71	75,498	98 D		
Common	Stock		2,309.7626 ⁽²⁾							I	by 401(k) Plan								
		Та									sed of, onvertib				/ Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	F C C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

- 1. Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the unrestriction of shares on February 15, 2007.
- 2. Reflects acquisition of 169.1314 shares of The Allstate Corporation common stock since November 28, 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.

<u>CASEY J SYLLA</u> <u>02/19/2007</u>

** 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.