## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES 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

1. Name and Address of Reporting Person* WILSON THOMAS J						2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]								Relationship heck all appli X Direct	cable)	porting Person(s) to Issuer ) 10% Owner			
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD							3. Date of Earliest Transaction (Month/Day/Year) 07/31/2008								X Officer (give title Other (specify below)  Chairman, President and CEO				
(Street)  NORTHBROOK IL 60062-6127  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deri	vativ	e Se	curit	ties Ac	auired.	Dis	posed o	f. or Be	neficia	lly Owned	<u> </u>				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.					saction	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	3. Transaction Code (Instr.		ies Acquir Of (D) (Ins	ed (A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 07/31/						2008			М		53,850	) A	\$42	5 181,2	227.18(1)				
Common Stock 07/31/						8			F <sup>(2)</sup>		1,709	D	\$46.	22 179,5	2 179,518.18 <sup>(1)</sup>				
Common Stock 07/31/					1/200	8			F <sup>(3)</sup>		49,51	5 D	\$46.	5.22 130,003.18		D			
Common Stock														3,543	3,543.9996 <sup>(4)</sup>		4	by 401(k) Plan	
		-	Гable II -								osed of, converti			y Owned					
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,	4. Transa Code ( 8)		of		6. Date E Expiratio (Month/D	n Date		of Securi Underlyii Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ov Fo Olly Oil or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	de V		(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option	\$42.5	07/31/2008			M			53,850	08/13/20	02 (	08/13/2008	Common Stock 53,8		\$0	0		D		

## Explanation of Responses:

- 1. Form reflects 39.135 shares acquired during period of January 8, 2008 through July 7, 2008 through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common
- 2. Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the exercise.
- 3. Delivery of shares to issuer to pay the exercise price.
- 4. Reflects acquisition of 58.3397 shares of The Allstate Corporation common stock since February 11, 2008, under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated July 31, 2008.

**THOMASJWILSON** 

08/04/2008

\*\* 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.