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 obligations may continue. See	STAT
Instruction 1(b).	

TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours por rosponso:	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* <u>Cripe Frederick F</u>					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 (also title Check Case) if the Check Case is the Check Case is the Check Case if the Check Case is the Check						
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/03/2010								Officer (give title X Other (specify below) SVP Allstate Insurance Company						
(Street)	BROOK IL	,	60062-(6127	4.	4. If Amendment, Date of O					ed (Month/Da	ay/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					
(0.0)			,	on-Deri	ivativ	e Sec	curit	ies Ac	auire	d. Di	sposed o	f. or Be	neficia	ly Owned	<u> </u>				
1. Title of Security (Instr. 3) 2. Tran Date		2. Transa Date			2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 au			5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							(,		Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 03			03/03/	/2010	2010					32,384	A	\$16.8	3 36	,904	D				
Common	Stock			03/03/	/2010				S		32,384	D	\$32.15	2.151 ⁽¹⁾ 4,520 D			D		
Common	Common Stock											4,64	4,648.4226		I	By 401(k) Plan			
Common Stock													15	,840		I	By Family Trust		
		7	Table II								posed of, convertil			Owned					
1. Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)		4. Transa	5. Number of of Derivative		umber vative urities uired or oosed o) (Instr.	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. To of Sunday (Ins.)			7. Title and Amount of Securities Underlying		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (Right to	\$16.83	03/03/2010			М			32,384	(2))	02/27/2019	Common Stock	32,384	\$0	97,154	4	D		

Explanation of Responses:

- 1. Reflects weighted average sale price for open-market sales transactions reported herein. Actual sale prices ranged from \$32.15 to \$32.161. The reporting person provided the issuer, and will provide any security holder of The Allstate Corporation or member of the SEC staff, full information regarding the number of shares sold at each separate price upon request.
- 2. Original stock option award granted to reporting person on February 27, 2009. The remaining three increments to vest on February 27, 2011, February 27, 2012 and February 27, 2013.

/s/ Frederick F. Cripe

03/04/2010

** 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.