FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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* WILSON THOMAS J | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] | | | | | | | | (Che | eck all ap | olicable) ctor | | Owner | |
| (Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2007 | | | | | | | | _ | | officer (give title Othe below) below President and CEO | | er (specify w) | |
| (Street) NORTHBROOK IL 60062-6127 (City) (State) (Zip) | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line |) K Forr Forr | rial or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | n-Deri\ | ative | Se | curitie | es Ac | quired, | Dis | posed o | f, or | Bene | iciall | y Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | n Date, | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Secur Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A (D | or | rice | Transa | action(s) 3 and 4) | | (11341.4) | | |
| Common Stock 02/15/2 | | | | /2007 | 2007 | | F ⁽¹⁾ | | 8,865 | 65 D \$ | | 61.71 | 95, | 703.94 ⁽²⁾ | D | | | |
| Common Stock | | | | | | | | | | | | | 3,184.8382 ⁽³⁾ | | I | by 401(k) Plan | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transa Code (8) | | on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Exercisable and Expiration Date (Month/Day/Year) Expiration Date Expiration Date Exercisable | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | r. 3 | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |

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. Form reflects 461.446 shares acquired during period of July 8, 2006 through January 8, 2007 through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common shares.
- 3. Reflects acquisition of 197.6108 shares of The Allstate Corporation common stock since June 23, 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.

THOMAS J WILSON 02/19/2007

** 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.