FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C. 205

OMB APPROVAL										
OMB Number:	3235-0287									
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Justiciding 10

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction 1	0.																		
Name and Address of Reporting Person* Gupta Suren					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						
<u>Oupta Suren</u>																				
														Officer (give title Other (spe					specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024								President, Enterprise Solutions						
C/O THE ALLSTATE CORPORATION					12/1	12/10/2024										,	1			
3100 SANDERS ROAD																				
	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable										
(Street)														Line)						
NORTH	BROOK IL	6	0062-7	154											Form filed by One Reporting Person					
														Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefic	ially (Own	ed				
1. Title of	Security (Inst	r. 3)		2. Transa	ction				3. 4. Securities Acquire									7. Nature		
Date (Month/Da							,	Code (Instr. 5)			Of (D) (Instr. 3, 4		6	Beneficially		Form: Direct (D) or Indirect		of Indirect Beneficial		
					(Month/Day/Year)		8)						Owned Following ((l) (lı		Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)		Transa					` '		
												+ ` `	_	- `		· ·		_		
Common Stock 12/10/2				2024			G		352	I) (SO	89,578			D				
																			By	
Common Stock														1,311				401(k)		
																			Plan	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		Tal													wne	d				
			· ·	(e.g., pt	its, ca	alis, v	warra	ants,	optior	is, c	onvertib	1								
1. Title of 2. 3. Transaction Derivative Conversion Date		3. Transaction Date	3A. Deemed Execution Date,		4. Transactio		5. Number		6. Date I		sable and	7. Title and Amount of		8. Price of Derivative		9. Number of derivative		10. Ownership	11. Nature of Indirect	
Security	or Exercise	(Month/Day/Year)	if any	, i	Code (Derivative		(Month/			Secui	rities	Secui	Security	Securities		Form:	Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Year)			8)		irities iired				Unde Deriv		(Instr.	5)	Beneficially Owned	ned ´	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
	Security						(A) or Disposed					Secui 3 and	rity (Instr			Following Reported				
								of (D)					٠,			Transaction(s)				
							(Instr. 3, 4 and 5)								(Instr. 4)					
													Amoun	_						
													or							
									Date		Expiration		Number of							
					Code	e V (A) (D)		(D)	Exercisable		Date	Title	Shares							

Explanation of Responses:

/s/ Meghan E. Jauhar, attorney-in-fact for Suren 12/12/2024 Gupta 12/12/2024

** 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.