FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

191011, 2101 200 10	OMB APPROVAL

- 1	-								
	OMB Number:	3235-0287							
	Estimated average burden								
	hours por rosponso:	0.5							

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

Name and Address of Reporting Person* CIVGIN DON					2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specifications)					
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/22/2010							below)	give title ce Preside	ent ar	below)	респу	
(Street) NORTH	BROOK II		60089		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5		(Zip) ble I - Non-	Deriva	tive S	ecuritie	s Ac	guired, D	ispose	l of, or E	ene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		Code (Ins	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			(A) or 3, 4 and	5. Amoun Securities Beneficia Owned Fo	s Formally (D) (ollowing (I) (I		Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code V	Amou	nt (A	or	Price	Transacti (Instr. 3 a	action(s)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	nsaction le (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/	ate	7. Title and Amc of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exercisable	Expiration Date	n Title	Amou or Numb of Sha			Transaction(s) (Instr. 4)				
Restricted Stock Units	(1)	02/22/2010		A		18,999		(1)	(1)	Commo Stock	n 1	.8,999	\$0	18,999		D		
Employee Stock Option (Right to Buy)	\$31.41	02/22/2010		A		111,944		(2)	02/22/20	20 Commo Stock	n 1	11,944	\$0	111,944	4	D		

Explanation of Responses:

1. Award of Restricted Stock Units (RSUs) granted under The Allstate Corporation 2009 Equity Incentive Plan. Each RSU represents the right to receive, without the payment of any consideration, one share of Allstate common stock on the day following the last day of the period of restriction (the conversion date). The period of restriction shall begin on February 22, 2010, and 50% of the total number of RSUs will convert on February 22, 2012, 25% will convert on February 22, 2014.

2. Option exercisable in three increments with 50% vesting on February 22, 2012, 25% vesting on February 22, 2013, and the remaining 25% vesting on February 22, 2014.

<u>/s/ Don Civgin</u> <u>02/24/2010</u>

** Signature of Reporting Person Da

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.