FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D	D.C. 20549
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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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response.	0.5							

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Name and Address of Reporting Person* Prindiville Mark Q.				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						
(Last)	`	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/21/2024								below	,	X Risk C	Other (s below) Officer - A	. ,	
3100 SANDERS ROAD				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NORTHBROOK IL 60062														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
						satisf	y the affir	mativ	e defense con	ditior	ns of Rule	nade pursua 10b5-1(c). S	ee Instructi	on 10.	on or writter	n plan t	nat is intende	d to	
		Tab	le I - Nor	n-Deriv	ative	Sec	uritie	s Ac	quired, [)isp	osed o	of, or Be	neficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ar) E	A. Deemed xecution Date, any Month/Day/Year)		, Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		Benefic	es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)		Transac (Instr. 3	ction(s)				
		Т							uired, Di s, options					/ 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/Day	Date,	4. Fransaction Code (Instr. 3)		of		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares	mber					
Employee Stock Option (Right to Buy)	\$159.17	02/21/2024			A		5,749		(1)	02	2/21/2034	Common Stock	5,749	\$0	5,749)	D		
Restricted Stock Units	(2)	02/21/2024			Α		1,393		(2)	02	2/21/2027	Common Stock	1,393	\$0	1,393	3	D		

Explanation of Responses:

- 1. Option exercisable in three increments, with one third vesting on February 21, 2025, February 21, 2026, and February 21, 2027, with any fractional shares to be rounded as provided for in award agreement.
- 2. Award of Restricted Stock Units (RSUs) granted on February 21, 2024, under The Allstate Corporation 2019 Equity Incentive Plan. Each RSU represents the right to receive, without payment of any consideration, one share of Allstate common stock on the conversion date, with any fractional RSU to be rounded as provided for in award agreement. The RSUs will convert in three equal increments on February 21, 2025, February 21, 2026, and February 21, 2027.

/s/ Meghan E. Jauhar, attorney-02/23/2024 in-fact for Mark Q. Prindiville

** 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.