FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated averag	ge burden							

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.					e.			1.				_		1	
1. Name and Address of Reporting Person*  BEYER ROBERT D				2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSTATE CORP [ ALL ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
DUILLI	<u> </u>	<u>CT D</u>												X	Directo	or		10% Ov	vner	
(Last)	.ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2009									Officer below)	(give title		Other (s below)	specify	
			ION																	
2775 SANDERS ROAD					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NORTH	BROOK IL		60062-61	127										X		,		orting Perso		
				-										Form filed by More than One Reporting Person				rung		
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	ative	e Se	curitie	s Ac	quired	, Dis	posed (	of, or Be	eneficia	ılly (	Owned	t				
Dat		2. Transa Date (Month/I		ar)   I	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos Code (Instr. 5)		Dispose	ities Acquir d Of (D) (In:		nd Securiti Benefic Owned		es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)			Transac	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)		
Common Stock 06/01/				/2009	2009		A		2,677 <sup>(1)</sup> A \$		\$26.	.14	49	49,566		D				
		Т	able II -									, or Ber ble sec			wned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transac					6. Date Exercisa Expiration Date (Month/Day/Year		Amount of		of s ig e Security	De Se	. Price of Perivative Pecurity Pecurity Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly O Fi D oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares							
Restricted Stock Units	(2)	06/01/2009			A		5,739		(2)		(2)	Common Stock	5,739		\$0	7,739		D		
Restricted Stock	(3)								(3)		(3)	Common Stock	4,000			4,000		D		

## **Explanation of Responses:**

- 1. Stock acquired pursuant to election to receive stock in lieu of cash compensation under The Allstate Corporation 2006 Equity Compensation Plan for Non-Employee Directors.
- 2. Restricted Stock Units (RSUs) are granted under The Allstate Corporation 2006 Equity Compensation Plan for Non-Employee Directors, as amended and restated. Each RSU represents the right to receive one share of Allstate common stock upon the earlier of (i) the date of the reporting person's death or disability, and (ii) the date on which the reporting person is no longer serving as a director of Allstate.
- 3. Previously awarded Restricted Stock Units (RSUs) granted under The Allstate Corporation 2006 Equity Compensation Plan for Non-Employee Directors, as amended and restated. Each RSU represents the right to receive one share of Allstate common stock upon the earlier of (i) the date of the reporting person's death or disability, and (ii) one year after the date on which the reporting person is no longer serving as a director of Allstate.

/s/ Katherine A. Smith, attorney-in-fact for Mr. Beyer

06/03/2009

\*\* 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.