FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burd	en							
l	hours per response:	0.5							

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

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* PILCH SAMUEL H (Last) (First) (Middle) C/O THE ALLSTATE CORPORATION					3. E	2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2006											5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Controller				
(Street) NORTHBROOK IL (City) (State) (Zip)					-	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person ative Securities Acquired, Disposed of, or Beneficially Owned													n		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3 T	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			l (A) or	5. Am Secur Benef	ount of ties cially d Following	Form:	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									0	ode	v	Amount	(A (C	() or ()	Price	Trans	action(s) 3 and 4)				
Common	Stock			11/10	0/2006	5				M		3,750)	A	\$37.2	9 2	4,833		D		
Common Stock 11/10					0/2006	5			\dagger	S		3,750		D	\$63	2	21,083		D		
Common Stock															1,978.598			I 4	oy 401(k) Plan		
		Т	able II -									sed of onverti				Owned	I				
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/Da	Date,		Transactior Code (Instr		ivative urities puired or posed D) tr. 3, 4	6. Date Exercisa Expiration Date (Month/Day/Year				7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		ly Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable		xpiration ate	Title		Amount or Number of Shares	1					
Employee Stock Option (right to	\$37.29	11/10/2006			M			3,750	09/1	2/2006	5 09	9/12/2012	Comm		3,750	\$37.29	0		D		

Explanation of Responses:

SAMUEL H PILCH

11/16/2006

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).