FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	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

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1. Name and Address of Reporting Person* <u>CROCKETT JOAN M</u>					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  Officer (give title V Other (specify					
(Last) C/O THE	`	irst) TE CORPORAT	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2008								officer (give title X Other (specify below)  SVP Allstate Insurance Company					
2775 SANDERS ROAD																		
(Street) NORTHBROOK IL 60062-6127			4	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person  Form filed by More than One Reporting Person  Person							
(City)	(S	tate)	(Zip)										reisui					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				Transacti ate Ionth/Day	Execution Date,		Code (In	Transaction Disposed C		ies Acquired (A) or Of (D) (Instr. 3, 4 an		5. Amoun Securities Beneficia Owned Fo	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	V A	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)		
	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 Date if any (Month/Day/Yea	Code	action (Instr.	of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: y Direct (D or Indirec (I) (Instr.	wnership orm: irect (D)	Beneficial Ownership t (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expii Date	ration	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$48.82	02/26/2008		A		17,500		(1)	02/2	26/2018	Common Stock	17,500	\$0	17,500		D		
Restricted Stock Units	\$0 <sup>(2)</sup>	02/26/2008		A		1,900		02/26/2012	02/26	5/2012 <sup>(2)</sup>	Common Stock	1,900	\$0	1,900		D		

## Explanation of Responses:

- 1. Option exercisable in four increments, each for one-fourth of the total number of said shares, such installments to vest on February 26, 2009, February 26, 2010, February 26, 2011 and February 26, 2012, respectively.
- 2. Award of Restricted Stock Units (RSUs) granted under The Allstate Corporation Amended and Restated 2001 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 ends on February 25, 2012.

**JOANMCROCKETT** 

02/28/2008

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.