FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

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

	OMB Number:	3235-0287							
	Estimated average burden								
	hours per response:								
of Reporting Person(s) to Issuer									

l	Jacques F		(Middle)		2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2024							5. (C	Relati heck	Relationship of Reporting Peneck all applicable) Director Officer (give title below)			on(s) to Issa 10% Ow Other (s below)	ner	
C/O THE ALLSTATE CORPORATION 3100 SANDERS ROAD			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					۱		
(Street) NORTHI	BROOK IL	(60062		Ri	ıle 1	0h5-	1(c)) Trans	act	ion Inc	licatio	<u> </u>		Person	led by More	than	One Repor	ting
(City)	(Si	ate) ((Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a consatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruct														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,			Date	Code (Instr.					, 4 and Securiti		ies For ially (D) Following (I) (: Direct · Indirect · Str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	unt (A) or (D)		- 1	Transaction(s) (Instr. 3 and 4)				msu. 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Ex Security or Exercise (Month/Day/Year) if a		3A. Deemed Execution Da if any (Month/Day/	tion Date,		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	06/01/2024			A		1,045		(1)		(1)	Commor Stock	1,045		\$0	1,045		D	

Explanation of Responses:

1. Restricted Stock Units (RSUs) granted under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors providing that each RSU represents the right to receive one share of Allstate common stock following either a standard restriction period or a deferred period of restriction if elected. The RSUs reported will convert into common stock upon the earlier of (i) the third anniversary of the date of grant, (ii) the day following the date on which the reporting person's Board service terminates, and (iii) the day following the date of the reporting person's death or disability.

> /s/ Meghan E. Jauhar, attorneyin-fact for Jacques P. Perold

** 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.