FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

1. Name and Address of Reporting Person* <u>Greffin Judith P</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 Y Other (specify									
	ast) (First) (Middle) /O THE ALLSTATE CORPORATION 775 SANDERS ROAD							3. Date of Earliest Transaction (Month/Day/Year) 02/22/2009										below) CIO Allstate Insurance Company						
(Street) NORTHBROOK IL 60062-6127				127	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(St		(Zip)	n Davis				^-		Dia		-6	. D	- f inini	U O									
1. Title of Security (Instr. 3) 2. Tran				2. Transa	ction	2. Ear) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (ction					5. Amou Securiti Benefici Owned		s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										v	Amount	()	A) or D)	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)								
Common Stock (2/22/2009				M		720		A	\$0 ⁽¹⁾	5,068		8.868(2)		D					
Common Stock				02/22/	02/22/2009				F ⁽³⁾		257	' D \$1		\$18.4	4 4,811.868		.868	D						
Common Stock												2,320		3.6458 ⁽⁴⁾		Ι .	By 401(k) Plan							
		Т	able II -	Derivat (e.g., p											Owne	ed								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	Date,	4. Transaction Code (Instr 8)		n of		6. Date Ex Expiration (Month/Da	Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price Derivati Security (Instr. 5	y :	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)				
					Code	v	(A)		Date Exercisab		xpiration ate	Title	N O	Amount or Number of Shares										
Restricted Stock	\$0 ⁽¹⁾	02/22/2009			M			720	02/22/200	9 0	2/22/2009	Comn		720	\$0 ⁽¹⁾		0		D					

Explanation of Responses:

- 1. Conversion of previously awarded grant of restricted stock units (RSUs) representing the right to receive one share of Allstate common stock, without the payment of any consideration, pursuant to The Allstate Corporation Amended and Restated 2001 Equity Incentive Plan.
- 2. Form reflects 35.471 shares acquired during period of 10/6/08 through 1/7/09 through the Shareowner Service Plus Plan, which reinvests dividens paid on The Allstate Corporation common shares.
- 3. Delivery of shares to Company to satisfy tax withholding obligation in connection with conversion into common stock of previously awarded RSUs.
- 4. Reflects acquisition of 219.3967 shares of The Allstate Corporation common stock since August 11, 2008 under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated February 17, 2009.

<u>/s/ Judith P. Greffin</u> <u>02/23/2009</u>

** 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.