FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

					01 30	CHOIT SO(II)	or tric	e investment C	ompany Act	01 1340								
	nd Address of <mark>Michael</mark> J	Reporting Person* John		2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>ALLSTATE CORP</u> [ ALL ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Vother (specify							
(Last) (First) (Middle) THE ALLSTATE CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2005							Officer (give title X Other (specify below)  SVP Allstate Insurance Company					
2775 SANDERS ROAD						If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) NORTHBROOK IL 6000			60062-6127		4. II Amendment, Date of Original Filed (Month/Day/Year)						Line	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(S	tate)	(Zip)															
		Tal	ble I - Non-	Deriva	tive S	ecuritie	es A	cquired, Di	sposed o	f, or Ber	eficiall	y Owned						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.					Execution Date,		Code (Inst	Transaction Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	s F ally ( ollowing (	Form:	: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
			Table II - D (e					quired, Dis s, options,				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Code (In				6. Date Exerci Expiration Da (Month/Day/Yo	te	le and 7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)		e Owners Form Direct or Inc. (I) (Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	de V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							
Employee Stock Option (right to buy)	\$58.47	06/01/2005		А		15,000		06/01/2006 <sup>(1)</sup>	06/01/2015	Common Stock	15,000	\$0	15,00	0	D			
Restricted Stock Units	\$0 <sup>(2)</sup>	06/01/2005		А		1,500		06/01/2009	(2)	Common Stock	1,500	\$0	4,710 <sup>(</sup>	(2)	D			

## Explanation of Responses:

- 1. Grant to reporting person of option to purchase 15,000 shares of common stock exercisable in four increments, each for one-fourth of the total number of said shares, such installments to vest on June 1, 2006, June 1, 2007, June 1, 2008 and June 1, 2009.
- 2. Award of Restricted Stock Units (RSUs) with tax withholding rights granted under The Allstate Corporation 2001 Equity Incentive Plan. Each RSU represents the right to receive, without the payment of any consideration, one share of Allstate common stock at the end of the restricted period (the conversion date), which is June 1, 2009. The RSUs represented in Column 9 will vest on February 22, 2009 and June 1, 2009.

MICHAEL J ROCHE

06/03/2005

\*\* 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.