SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL											
OMB Number:	3235-0287										
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hours per response: 0.5	Estim	nated average burden	
	hours	s per response:	0.5

1. Name and Address of Reporting Person <sup>*</sup> WALKER JOAN H			2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSTATE CORP [ ALL ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD		( )	3. Date of Earliest Transaction (Month/Day/Year) 05/04/2012	Officer (give title X Other (specify below) SVP Allstate Insurance Company
(Street) NORTHBROOK (City)		60062-6127 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					, 4 and 5) Securities Beneficially Owned Following		7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount (A) or (D) Price		Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	05/04/2012		М		15,000	A	\$16.83	36,667	D		
Common Stock	05/04/2012		S		15,000	D	\$34.283(1)	21,667	D		
Common Stock								1,307 <sup>(2)</sup>	Ι	By 401(k) Plan	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		on of tr. Derivative Securities Acquired (A) or Disposed of (D) (Instr.		Expiration Date (Month/Day/Year)		Expiration Date		Expiration Date		Expiration Date		Expiration Date (Month/Day/Year) s		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (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 Exercisable	Expiration Date	Title	Amount or Number of Shares														
Employee Stock Option (Right to Buy)	\$16.83	05/04/2012		М			15,000	(3)	02/27/2019	Common Stock	15,000	\$0	95,873	D											

Explanation of Responses:

1. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$34.280 to \$34.290. The reporting person provided the issuer, and will provide any security holder of The Allstate Corporation or member of the SEC staff, full information regarding the number of shares sold at each separate price upon request.

2. Reflects acquisition of 7.0000 shares of The Allstate Corporation common stock since February 28, 2012 under the Allstate 401 (k) Savings Plan, pursuant to the most recent plan statement, dated May 4, 2012.

3. Stock option award granted to reporting person on February 27, 2009; remaining increment to vest on February 27, 2013.

<u>/s/ Katherine A. Smith,</u> <u>attorney-in-fact for Joan H.</u> <u>Walker</u>

05/07/2012

\*\* 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.