FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hours per response

OMB Number: 3235-0287 Estimated average burden

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

						. ,												
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
RILEY H JOHN JR					The state of the s						X	Director			10% Ow	ner		
-				_ [Officer (g	jive title		Other (sp	ecify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)						below)			below)			
C/O THE ALLSTATE CORPORATION						06/01/2008												
2775 SANDERS ROAD																		
(Ctroot)					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NORTHBROOK		IL 60062-6127									X	Form file	d by One F	Reporti	ing Person			
NORTHBROOK												Form file	d by More	than C	ne Reportir	ng Person		
(City)		(State) (Zip)																
		•	Table I - Non-D	Deriva	tive S	Securitie	s A	cquired, Di	sposed o	of, or Be	neficially	Owned						
1. Title of Security (Instr. 3) 2. Transpose (Month/D				ate	action 2A. Deemed Execution Date if any (Month/Day/Ye			, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5		5. Amount Securities Beneficially Following	y Owned	6. Own Form: (D) or I (I) (Inst	Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) o (D)	r Price	Reported Transaction (Instr. 3 and			"	Instr. 4)		
			Table II - De					quired, Dis s, options,				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)				
Common Share Unit	\$0	06/01/2008		A ⁽¹⁾		1,084.171		(1)	(1)	Common Stock	1,084.171	\$50.73	11,330.2	266	D			
Non- Employee Director Stock Option (right to	\$50.94	06/01/2008		A		4,000		06/01/2009 ⁽²⁾	06/01/2018	Common Stock	4,000	\$0	4,000	0	D			

Explanation of Responses:

- 1. These common share units were acquired pursuant to The Allstate Corporation Amended and Restated Deferred Compensation Plan for Non-Employee Directors and represent director's fees deferred under the Plan and converted into units based on the market price of The Allstate Corporation's common shares. The units are credited with amounts representing dividends on common shares, as declared, which are also converted into units. For the period of June 2, 2007 through May 31, 2008, the reporting person acquired 285.623 of common share units representing those dividends.
- 2. Grant to reporting person of option to purchase 4,000 shares of common stock exercisable in three increments, each for one-third of the total number of said shares, such installments to vest on June 1, 2010 and June 1, 2011, respectively.

HJOHNRILEY, JR

06/03/2008

** 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.