FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287					
Estimated average burden						
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).

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

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)						
<u>Perold Jacques P</u>					TELSTITE CORT [ALL]					:	X Directo	r		10% Ow	ner	
(Last)	`	*	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/01/2017							Officer below)	(give title	Other (spec below)		pecify
		TE CORPORAT	ION													
2775 SANDERS ROAD				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ir	6. Individual or Joint/Group Filing (Check Applicable					
					06/05/2017						Line)					
(Street)	DDOOK I	T	COOCD										,		rting Person	
NORTH	BROOK I	L	60062									Form fi Person		e than	One Report	ing
(City)	(State)	(Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					2A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr. 5)			5. Amour Securities Beneficia Owned F	s Form ally (D) o following (I) (Ir		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(nstr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	4. Transa Code r) 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)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Restricted Stock Units	(1)	06/01/2017		A		1,783 ⁽²⁾		(1)	(1)	Common Stock	1,783 ⁽²⁾	\$0	1,783 ⁽⁷	2)	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 the day following the date on which the reporting person's Board service with Allstate terminates, except in the event of the reporting person's death or disability, which will cause the RSUs to convert on the day following the date of death or disability.

 $2. \ Clerical\ error\ resulted\ in\ reporting\ person's\ original\ Form\ 4\ incorrectly\ reporting\ the\ number\ of\ RSUs\ granted\ as\ 1,726.$ The correct number\ of\ RSUs\ granted\ was\ 1,783.

/s/ Efie Vainikos, attorney-infact for Mr. Perold

12/14/2017

** 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.