FORM 4

UNITED STATES SECU

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* TRAQUINA PERRY M					2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]									lationship of ck all applica Director		g Perso	on(s) to Issu 10% Ow		
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024									Officer (below)	give title		Other (s below)	pecify	
3100 SANDERS ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable					
(Street)	BROOK II		60062											Line)	_	,		ting Person	
(City)	(S	state)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Transact Date (Month/Day	Execution Date,		ate,	Transaction Dispo		curities Acquired (A) or osed Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficial Owned Fo Reported	Forn lly (D) collowing (I) (Ir		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amou	nt (A	A) or D)	Price	Transaction(s) (Instr. 3 and 4)				(msu. 4)
Common Stock 10/0			10/01/2	/2024			A		20	4(1)	Α	\$189.88	8 4,530.823(2)			D			
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)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Dat if any (Month/Day/Yo	Code	Transaction Code (Instr.		of Expi		ate Exercisable and ration Date nth/Day/Year)		and	7. Title and Amount Securities Underlyin Derivative Security (3 and 4)		rlying	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)	Beneficial Ownership (Instr. 4)
Cod						(A)	(D)	Date Exerc	cisable	Expir Date	ation	Title		unt or ber of es					
Common Share Unit	\$0							(3)	(3)	Common Stock	7,51	9.392(3)		7,519.39	92 ⁽³⁾	D	

Explanation of Responses:

- 1. Stock acquired pursuant to election to receive stock in lieu of cash compensation under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors.
- 2. Balance also reflects 19.409 shares acquired during the period of July 3, 2024, to October 2, 2024, through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common shares.
- 3. 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 value 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 July 1, 2024 through October 1, 2024, the reporting person acquired 36.257 of common share units representing those dividends.

/s/ Meghan E. Jauhar, attorneyin-fact for Perry M. Traquina

10/03/2024

** 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.