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									
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	00 020.
Estimated average burden	
hours per response:	0.5

1. Name and Address of Reporting Person [*] MAYES MICHELE COLEMAN			2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]		tionship of Reporting Pe all applicable) Director	erson(s) to Issuer 10% Owner
		(6.4:-1-1) - X	3. Date of Earliest Transaction (Month/Day/Year)	X	Officer (give title below)	Other (specify below)
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION			11/23/2010		SVP and Genera	al Counsel
2775 SANDI	ERS ROAD					
			4. If Amendment, Date of Original Filed (Month/Day/Year)		vidual or Joint/Group Filir	ng (Check Applicable
(Street)				Line)	Form filed by One Re	porting Person
NORTHBRC	JOK IL	60062-6127	_		Form filed by More that Person	an One Reporting
(City)	(State)	(Zip)				

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)		Disposed Of (D) (Instr. 3, 4 and 5)					7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	mount (A) or Pr		Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	11/23/2010		М		41,136	A	\$16.83	45,545	D		
Common Stock	11/23/2010		S		41,136	D	\$29.6 ⁽¹⁾	4,409	D		
Common Stock								843.2199 ⁽²⁾	I	By 401(k) Plan	

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

			(= 5)	1 ,		,		· · · · · · · · · · · · · · · · · · ·									
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)		of		Expiration Date of (Month/Day/Year) U		6. Date Exercisable and Expiration Date (Month/Day/Year)		e and 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	11/23/2010		М			41,136	(3)	02/27/2019	Common Stock	41,136	\$0	123,409	D			

Explanation of Responses:

1. Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$29.58 to \$29.64. 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 448.8053 shares of The Allstate Corporation common stock since November 11, 2009, under the Allstate 401 (k) Savings Plan, pursuant to the most recent plan statement, dated November 22, 2010.

3. Stock option award granted to reporting person on February 27, 2009; remaining three increments to vest on February 27, 2011, February 27, 2012 and February 27, 2013.

/s/ Michele C. Mayes	<u>11/24/2010</u>
** Signature of Reporting Person	Date

Signature of Reporting Person

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.