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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3235-0287

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tion 16. Form 4 or Form 5 gations may continue. See ruction 1(b). F	NT OF CHANGES IN BENEFICIAL OWNE	RSHIP	OMB Number: 3 Estimated average burden		
obligations may continue. See Instruction 1(b).	d pursuant to Section 16(a) of the Securities Exchange Act of 1934		hours per response:		
	or Section 30(h) of the Investment Company Act of 1940				
ame and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ ALL ]	5. Relationship of Re (Check all applicable	eporting Person(s) to Is	ssuer	

1. Name and Ac Roche Mic	ldress of Reporting P <u>chael John</u>		r Name <b>and</b> Ticker STATE CORI			ymbol		ationship of Reportin all applicable) Director Officer (give title	10% C			
(Last) C/O THE AI 2775 SANDI	(First) LLSTATE CORPC ERS ROAD	(Middle) DRATION		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2008						below) SVP Allstate Ins	below	<b>,</b>
(Street) NORTHBRC (City)	OOK IL (State)	4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)						<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>			
		Table I - Non-	Derivative S	ecurities Acqu	uired,	Disp	oosed of, o	r Bene	ficially	Owned		
1. Title of Security (Instr. 3)		C	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8) Code	instr.	4. Securities / Disposed Of ( 5) Amount			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

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)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Securities		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)	\$48.82	02/26/2008		A		55,900		(1)	02/26/2018	Common Stock	55,900	\$0	55,900	D	
Restricted Stock Units	\$0 <sup>(2)</sup>	02/26/2008		A		6,100		02/26/2012	02/26/2012 <sup>(2)</sup>	Common Stock	6,100	\$0	6,100	D	

Explanation of Responses:

1. Option exercisable in four increments, each for one-fourth of the total number of said shares, such installments to vest on February 26, 2009, February 26, 2010, February 26, 2011 and February 26, 2012, respectively.

2. Award of Restricted Stock Units (RSUs) granted under The Allstate Corporation Amended and Restated 2001 Equity Incentive Plan. Each RSU represents the right to receive, without the payment of any consideration, one share of Allstate common stock on the day following the last day of the period of restriction (the conversion date). The period of restriction ends on February 25, 2012.

> Katherine A. Smith for Michael 02/28/2008 J. Roche

\*\* 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.