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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* RUEBENSON GEORGE E (Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD (Street) NORTHBROOK IL 60062-6127 (City) (State) (Zip) | | | | | 3. D 07/ | ALLSTATE CORP [ALL] 3. Date of Earliest Transaction (Month/Day/Year) 07/29/2008 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title X Other (specify below) SVP Allstate Insurance Company 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
|--|--|------|--|------------|---|--|---|------------|--|-----------|---|---------------|--------------------------|--------|------------------------|--|--|--|--|-----------------------|--|--|
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, oı | Bene | eficia | ally (| Owne | ed | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | | nd 5) Securi Benefi | | icially d Following | Form: | nership : Direct · Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount (A | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | | (111341.4) | | | |
| Common Stock | | | | | | | | | | | | | | 5, | | 5,510 ⁽¹⁾ | | D | | | | |
| Common Stock | | | | 07/29/2008 | | | | | I | | 3,043.4783 | | A | \$46 | | 4,020.8322(2) | | | I | by 401(k) Plan | | |
| Common Stock | | | | | | | | | | | | | | | | ! | 9,564 | | I | by family trust | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any Co | | | | Transa | ransaction of ode (Instr. Se Ad (A Di of | | osed . 3, 4 | Expiration | Date Exercisable and piration Date on the piration of the port of the piration on the piration of the piration | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | | | | Ov Fo Dii or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (A) (D) | | able | Expiration Date | Title | Nun of | | | | | | | | | |

Explanation of Responses:

- 1. Form reflects 115.883 shares acquired during the period of January 2, 2004 through April 3, 2006 through the dividend reinvestment plan of Morgan Stanley. Such broker's dividend reinvestment plan provides for regular and automatic reinvestment of dividends paid on Allstate common stock to acquire more Allstate common stock, and is offered on essentially the same terms to all clients holding Allstate common shares in a Morgan Stanley account.
- 2. Reflects 3043.4783 shares of The Allstate Corporation common stock acquired through intra-plan transfer and 16.1087 shares acquired since February 11, 2008, under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan.

Katherine A. Smith for George . Ruebenson

07/31/2008

** 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.