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 C
Name and Address of Departing Decem	2 Issuer N

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* WILSON THOMAS J					2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WILSON THOMAS J															X Dire	ctor	10% (Owner	
-		-									-		cer (give title		(specify				
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								A belo	•	below sident and CI	′ I	
C/O THE ALLSTATE CORPORATION					12/2	12/21/2010									CI	all'illali, Pre	sident and Ci		
2775 SANDERS ROAD																			
(Ctroot)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	DOOK II	4	50062-61	27											X Form filed by One Reporting Person				
NORTHBROOK IL 60062-6127														Form filed by More than One Reporting					
(City)	(St	ate) (Zip)												Per	son			
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acc	μired,	Dis	posed o	f, or	Ben	eficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date		n Date,	Code (Instr.						d Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		Price		ted action(s) 3 and 4)		(Instr. 4)		
Common Stock 12/21/					/2010	2010		G	V	1,600		D	\$0	173,	725.283(1)	D			
Common Stock															4,2	77.7377 ⁽²⁾	I	By 401(k) Plan	
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. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)				Date,		ransaction Code (Instr.		n of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		n Date	r) Securities Underlying Derivative Security (Instr. and 4) Amount or Number		ount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Cod		Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Sha	ıres								

Explanation of Responses:

- 1. Form reflects 47.313 shares acquired during the period April 7, 2010 through October 6, 2010 through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common
- 2. Reflects acquisition of 93.3513 shares of The Allstate Corporation common stock since February 16, 2010 under the Allstate 401 (k) Savings Plan, pursuant to the most recent plan statement, dated December 21, 2010.

/s/ Efie Vainikos, attorney-in-12/22/2010 fact for Thomas J. Wilson

** 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.