FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
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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 3235-0287 OMB Number: Estimated average burden 0.5 hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Crawford Kermit R | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL] | | | | | | | | | k all appli | cable) | g Pers | son(s) to Iss 10% Ov | vner | | |
|--|--|-------------|-----------------------------|----------------------------------|---|---|--------|--|---------------------|--|----------------------|--------------------------|--|---|-------------|--|---|-------------------------|--|--|
| | E ALLSTAT | TE CORPORAT | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2022 | | | | | | | | | | Officer (give title below) | | Other (specif below) | | |
| 2775 SA | 2775 SANDERS ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NORTHI | et) RTHBROOK IL 60062 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | Day/Year) Execution Date, if any | | Execution Date, | | Code (Instr. 5) | | | | 4 and Securitie Benefici | | es Formalially (D) Following (I) | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Code | | | v | Amount | (A) o (D) | Price | | Transac (Instr. 3 | ction(s) | | | (111341. 4) | | | | | |
| 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 Descurity or Exercise (Month/Day/Year) if any | | Transaction Code (Instr. | | | n of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | S (1 | i. 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) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | E: | xpiration ate | Title | Amou or Numb of Share | er | | | | | | |
| Restricted Stock Units | (1) | 06/01/2022 | | | A | | 1,300 | | (1) | | (1) | Common Stock | 1,30 | 0 | \$0 | 1,300 | | D | | |

1. Restricted Stock Units (RSUs) granted under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors providing that each RSU represents the right to receive one share of Allstate common stock following either a standard restriction period or a deferred period of restriction if elected. The RSUs reported will convert into common stock the day following the date on which the reporting person's Board service with Allstate terminates, except in the event of the reporting person's death or disability, which will cause the RSUs to convert on the day following the date of death or disability.

/s/ Daniel G. Gordon, attorney-06/03/2022 in-fact for Mr. Crawford

** 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.