Instruction 1(b)

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

## 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

(Last)	C/O THE ALLSTATE CORPORATION					Issuer Name and Ticker or Trading Symbol     ALLSTATE CORP [ ALL ]  3. Date of Earliest Transaction (Month/Day/Year)     09/08/2008								Relationship of Reporting Person(s) to Issuer eck all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Vice President and CFO				ner
(Street) NORTHBROOK IL 60089  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
		Tab	le I - Non	-Deriva	ative	Se	curities	s Ac	quired, Di	ispos	sed o	f, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution D			Code (Ins	Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4		5. Amou Securitie Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code V	Ai	mount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date, Ti	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		e and	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				С	ode V	,	(A)	(D)	Date Exercisable	Expi Date	iration	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$46.48	09/08/2008			A		65,000		(1)	09/08	8/2018	Common Stock	65,000	\$0	65,000	0	D	
Restricted Stock	\$0	09/08/2008			A		6,300		(2)	(	(2)	Common Stock	6,300	\$0	6,300		D	

## **Explanation of Responses:**

- 1. Grant to reporting person of option to purchase 65,000 shares of common stock exercisable in four increments, each for one-fourth of the total number of said shares, such installments to vest on September 8, 2009, September 8, 2010, September 8, 2011 and September 8, 2012.
- 2. Award of Restricted Stock Units (RSUs) granted under The Allstate Corporation 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 date(s) the restrictions lapse with respect to that RSU (the conversion date). Two thousand (2,000) of the total RSUs represented in column 9 will convert on September 8, 2010 and the remaining 4,300 RSUs will convert on September 8, 2012.

**DONCIVGIN** 

09/09/2008

\*\* 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.