Edgar Filing: Greffin Judith P - Form 4

Greffin Judith P Form 4									
March 03, 2009							PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287		
Check this box if no longer							January 31, 2005		
subject to Section 16. Form 4 or						Estimated burden hou response	average urs per		
abligations	(a) of the Public U 30(h) of the I	Utility Hol	ding Cor	npany Act	of 1935 or Section	·			
(Print or Type Responses)									
1. Name and Address of Reporting Person * 2. Issuer Name and Tick Greffin Judith P Symbol ALLSTATE CORP 1				-	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (of Earliest T	-	-1	(Che	eck all applicabl	e)		
C/O THE ALLSTATE (Month/Day/Year) 02/27/2009 CORPORATION, 2775 SANDERS ROAD				Director 10% Owner Officer (give title _X Other (specify below) below) below) CIO Allstate Insurance Company					
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
(City) (State)	(7:	hla I Nan I	Doministino	Committing A	Person	of or Dopoficio	lly Owned		
1.Title of 2. Transaction Date	- 1a	3.	4. Securit		Compared, Disposed	6. Ownership	7. Nature of		
Security (Month/Day/Year) (Instr. 3)		Transactio Code	nAcquired Disposed	(A) or of (D)	Securities Beneficially Owned	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect		
		Code V	Amount	(D) Price	(Instr. 5 and 4)				
Reminder: Report on a separate line	e for each class of see	curities benef	-	-	-				
			inforn requi	nation cont ed to respo lys a currei	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
Tab	le II - Derivative Se (e.g., puts, cal					đ			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securi

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		/ear)	(Instr. 3 and	4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo Nurr Shar
Restricted Stock Units	\$ 0 <u>(1)</u>	02/27/2009		А	24,692	02/27/2013	02/27/2013 <u>(1)</u>	Common Stock	24
Employee Stock Option (Right to Buy)	\$ 16.83	02/27/2009		A	140,323	(2)	02/27/2019	Common Stock	140

Reporting Owners

Reporting Owner Name / Address		Relationships						
hepot ung o when i when	Director	10% Owner	Officer	Other				
Greffin Judith P C/O THE ALLSTATE COI 2775 SANDERS ROAD NORTHBROOK, IL 60062					CIO Allstate Insurance Company			
Signatures								
/s/ Judith P. Greffin	03/03/2009							

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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).

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

- Latin RSO represents the light to receive, without the payment of any consideration, one share of Alistate common stock of the day following the last day of the period of restriction (the conversion date). The period of restriction ends on February 26, 2013; therefore the RSUs convert on February 27, 2013.
- (2) Option exercisable in four increments, each for one-fourth of the total number of said shares, such installments to vest on February 27, 2010, February 27, 2011, February 27, 2012 and February 27, 2013, respectively.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.