## Edgar Filing: ALLSTATE CORP - Form 4

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Form 4											
February 20, 2014											
FORM 4	UNITED	STATES	SECU	RITIES A	AND EX	CHANGE	E COMMISSION		PPROVAL		
	UTITIE			shington				Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,					Estimated burden hoi response	urs per				
obligations may continue. <i>See</i> Instruction 1(b). (Print or Type Respon				•	•	npany Act ny Act of 1	t of 1935 or Section 1940	on			
(Print of Type Respons	ses)										
1. Name and Address of Reporting Person <u>*</u> CIVGIN DON			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
				FATE CO	-	-	(Check all applicable)				
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION, 2775 SANDERS ROAD			3. Date of Earliest Transaction (Month/Day/Year) 02/18/2014				Director       10% Owner         Officer (give title       X Other (specify below)         Pres & CEO Allstate Financial				
(S	4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>						
(City) (S	State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	nsaction Date h/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on a	a separate line	for each cl	ass of sec	urities bene	Perso inform requir	ons who res nation con red to resp ays a curre	or indirectly. spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owner securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities

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Security or Exercise (Instr. 3) Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day	'Year)	(Instr. 3 and 4)				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock	¢ <b>53</b> 10	02/19/2014			04 227		(1)	02/19/2024	Common	04 227	
Option (Right to Buy)	\$ 52.18	02/18/2014		А	84,337		<u>(1)</u>	02/18/2024	Stock	84,337	
Report	ting Ow	/ners									
					Relatio	nship	)S				
<b>Reporting Owner Name / Address</b>		Director	10% Owner	. Offic	cer	Other					
CIVGIN DON C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062			Ň				Pres & CE Financial	EO Allstate			
Signat	ures										
/s/ Katherine A. Smith, attorney-in-fact for Don Civgin			for Don	02/20/2014							
	**Signature of	Reporting Person		Da	ite						
Explar	nation o	of Respor	nses:								

- \* 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).
- (1) Option exercisable in three increments, with one third vesting on February 18, 2015, February 18, 2016, and February 18, 2017, with any fractional shares to be rounded pursuant to reporting persons option award.

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.