Shapiro Glenn T Form 4 April 09, 2018

FORM 4

Check this box

if no longer

Section 16.

Form 4 or

obligations

may continue.

Form 5

subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

SECURITIES

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Shapiro Glenn T Issuer Symbol ALLSTATE CORP [ALL] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Officer (give title __X_ Other (specify C/O THE ALLSTATE 04/05/2018 below) below) CORPORATION, 2775 SANDERS Pres Allstate Personal Lines **ROAD** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

NORTHBROOK, IL 60062

X Form filed by One Reporting Person Form filed by More than One Reporting Person

(City)	(State)	Table Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction(A) or Disp Code (Instr. 3, 4 (Instr. 8)		4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	04/05/2010		Code V	Amount	()	Price	Transaction(s) (Instr. 3 and 4)	D	
Stock	04/05/2018		M	2,211	A	\$ 0 (1)	3,930	D	
Common Stock	04/05/2018		F	648	D	\$ 96.53	3,288	D	
Common Stock							114 (2)	I	By 401(K) Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form

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displays a currently valid OMB control

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 Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	<u>(1)</u>	04/05/2018		M	2,211	<u>(1)</u>	04/05/2019	Common Stock	2,211

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Shapiro Glenn T C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062

Pres Allstate Personal Lines

Signatures

/s/ Efie Vainikos, attorney-in-fact for Mr. Shapiro

04/09/2018

**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).
- Conversion of previously awarded restricted stock units into an equal number of common shares, without the payment of any
- (1) consideration, pursuant to The Allstate Corporation 2013 Equity Incentive Plan. The remaining restricted stock units will convert on April 5, 2019.
- (2) Reflects acquisition of 104 shares of The Allstate Corporation common stock since January 3, 2018 under the Allstate 401(k) Savings Plan, pursuant to the most recent plan statement, dated April 4, 2018.

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.

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