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ALLSTATI Form 4	ECORP										
February 20											
FORM	$\mathbf{\Lambda} 4_{\text{UNITED}}$	STATES S	SECU	RITIFS /	AND FX	CHANG	E COMMISSION	т	PPROVAL		
	UNITED	STATES		shington			E COMMISSION	OMB Number:	3235-0287		
Check this box if no longer							Expires:	January 31, 2005			
subject Section Form 4			SECU	RITIES		WNERSHIP OF	Estimated burden hou response	average urs per			
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the Pu	ublic U		ding Co	npany Ac	ange Act of 1934, et of 1935 or Section 1940	on			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Gupta Sanjay			2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle) 3	3. Date o	of Earliest T	ransaction		(Check all applicable)				
	ALLSTATE ATION, 2775 SAN	([Month/] 02/18/2	Day/Year) 2015			below)	the title \underline{X}_{below} 109 below) ate Insurance C			
	(Street)	4	4. If Am	endment, D	ate Origina	al	6. Individual or	Ioint/Group Fili	ng(Check		
NORTHBI	I	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	T - L			G		. C D C '.	11. ()		
		-			4. Securit		Acquired, Disposed		•		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ate, if	3. Transactio Code (Instr. 8)	onAcquired Disposed	(A) or of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Pric	e (moure and r)				
Reminder: Re	port on a separate line	e for each clas	s of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforr requi	nation cou red to resp ays a curre	espond to the colle ntained in this form pond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab						or Beneficially Owned e securities)	I			
1 Title of	2 2 Tro	neaction Data	31 0	Deemed	4	5 Num	aber of 6 Date Ever	aisable and	7 Title and An		

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	Transacti	orDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	/Year) (Instr. 8)		Securities 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 Option (Right to Buy)	\$ 70.71	02/18/2015		A		44,494		<u>(1)</u>	02/18/2025	Common Stock	44,494
Reporting Owners											
Reporting Owner Name / Address		Relationships									
		Director 10%	Owner	0	fficer O	ther					
Gupta Sanjay C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127			1	EVP Allstate Insurance Company							
Signat	ures										
/s/ Efie Vainikos, attorney-in-fact for Sar Gupta			injay	02/20/2	201	5					
**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).
- (1) Option exercisable in three increments, with one third vesting on February 18, 2016, February 18, 2017, and February 18, 2018, with any fractional shares to be rounded as provided for in award agreement.

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.