ALLSTATE CORP Form 4

May 28, 2015

# FORM 4

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

**OMB APPROVAL** OMB

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Form filed by More than One Reporting

Person

109,905

I

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * WILSON THOMAS J |          |                                      | 2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSTATE CORP [ALL] | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)                          |  |  |  |
|---|----------|--------------------------------------|--|---|--|--|--|
| (Last)  C/O THE AL  CORPORAT  ROAD                        |          | (Middle) 3. Date<br>(Month<br>05/26/ | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2015            | X Director 10% Owner Other (specify below)  |  |  |  |
|   | (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 |  |  |  |

#### NORTHBROOK, IL 60062-6127

| (City)                               | (State)                              | (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |           |   |              |   |   |                   |  |
|--------------------------------------|--------------------------------------|--|--|-----------|---|--------------|---|---|-------------------|--|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                            | 3.<br>Transactic<br>Code<br>(Instr. 8) | (A)<br>or |   | <b>)</b> )   | 5. Amount of Securities Ownership Beneficially Form: Owned Direct (D) Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |                   |  |
| Common<br>Stock                      | 05/26/2015                           |  | M                                      | 100,000   | A | \$<br>58.47  | 429,112.097<br>(1) (2)  | D   |                   |  |
| Common<br>Stock                      | 05/26/2015                           |  | S                                      | 92,786    | D | \$ 67.43 (3) | 336,326.097   | D   |                   |  |
| Common<br>Stock                      |                                      |  |  |           |   |              | 118,900 (1)   | I   | By 2014<br>GRAT   |  |
| Common<br>Stock                      |                                      |  |  |           |   |              | 5,532   | I   | By 401(k)<br>Plan |  |

Common Remainder Stock GRAT

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

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 control number.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number of or 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<br>Exercisable                                      | Expiration<br>Date | Title   | Amoun<br>Numbe<br>Shares |
| Employee Stock Option (Right to                     | \$ 58.47  | 05/26/2015                           |   | M                                      | 100,000  | 06/01/2009   | 06/01/2015         | Common<br>Stock   | 100,0                    |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WILSON THOMAS J C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127

X Chairman and CEO

### **Signatures**

Buy)

/s/ Efie Vainikos, attorney-in-fact for Thomas J. Wilson 05/28/2015

\*\*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) Reflects required annual annuity distribution of 68,298 shares pursuant to the terms of the Thomas J. Wilson 2014 Grantor Retained Annuity Trust (GRAT). GRAT shares transferred to directly held shares on March 23, 2015.

**(2)** 

Reporting Owners 2

#### Edgar Filing: ALLSTATE CORP - Form 4

Form also reflects 11.433 shares acquired during period of January 8, 2015, through April 7, 2015, through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common shares.

Reflects weighted average sale price for open-market sales transaction reported herein. Actual sale prices ranged from \$67.34 to \$67.48.

(3) The reporting person provided the issuer, and will provide any security holder of The Allstate Corporation or member of the SEC staff, full information regarding the number of shares sold at each separate price upon request.

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.