ALLSTATE CORP Form 4 July 05, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Expires:

January 31, 2005

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OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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 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 * TRAQUINA PERRY M			2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) DERS ROAD, C E CORPORATION		3. Date of (Month/D 06/30/20					(Check all applicable) _X_ Director 10% Owner Officer (give title below) below)			
NORTHBR		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)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	Person uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	e) Execution any	med on Date, if Day/Year)	3. Transacti Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	07/01/2016			A	381 <u>(1)</u>	A	\$ 69.56	381	D		

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 displays a currently valid OMB control number.

69.56

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

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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. Transact Code (Instr. 8)	5. Number sion 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)		8. P. Deri Sect (Ins
				Code \	/ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(2)</u>	06/30/2016		A	1,966	(2)	(2)	Common Stock	1,966	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

TRAQUINA PERRY M 2775 SANDERS ROAD C/O THE ALLSTATE CORPORATION NORTHBROOK, IL 60062



Signatures

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

07/05/2016

**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) Stock acquired pursuant to election to receive stock in lieu of cash compensation for service beginning on June 30, 2016, under The Allstate Corporation 2006 Equity Compensation Plan for Non-Employee Directors.
- Restricted Stock Units (RSUs) granted under The Allstate Corporation 2006 Equity Compensation Plan for Non-Employee Directors providing that each RSU represents the right to receive one share of Allstate common stock following either a standard restriction period or a deferred period of restriction, if elected. The RSUs reported will convert into common stock on June 30, 2026, except in the event of the reporting person's death or disability.

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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