## Edgar Filing: ALLSTATE CORP - Form 4

ALLSTATE C	CORP										
Form 4											
October 04, 20	)16										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549						NGE C	COMMISSION	OMB Number:	3235-0287		
Check this if no longer	r								Expires:	es: January 31 2005	
subject to Section 16.	STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response 0.5		
Form 4 or Form 5	Ella d an	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
obligations	·						•	7 1935 or Section	<b>h</b>		
may contin	ue.			vestment	•	· ·			1		
See Instruc 1(b).	tion	50(11)	or the m	vestment	Compan	y 110	1 01 171	0			
(Print or Type Re	sponses)										
TD A OLINIA DEDDX M			2. Issuer Symbol	uer Name <b>and</b> Ticker or Trading l			5. Relationship of Reporting Person(s) to Issuer				
•				ALLSTATE CORP [ALL]				(Chast all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction					(Check all applicable)			
			n/Day/Year)			_X_ Director10% Owner					
	ERS ROAD, CA CORPORATIO		10/01/2	016				Officer (give below)	titleOthe below)	er (specify	
			endment, Date Original			6. Individual or Joint/Group Filing(Check					
			ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
NORTHBRO	OK, IL 60062							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
	2. Transaction Da (Month/Day/Year	<ul> <li>Executio any</li> </ul>	n Date, if Transaction(A) or Disp Code (Instr. 3, 4 a Day/Year) (Instr. 8)		spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Commen				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	10/01/2016			А	379 <u>(1)</u>	А	\$ 69.18	760	D		

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.

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address								
1	Director	10% Owner	Officer	Other				
TRAQUINA PERRY M 2775 SANDERS ROAD C/O THE ALLSTATE CORPORATION NORTHBROOK, IL 60062	Х							
Signatures								
/s/ Efie Vainikos, attorney-in-fact for Mr. Traquina		10/04/20	016					
<u>**</u> 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 under The Allstate Corporation 2006 Equity Compensation Plan for Non-Employee Directors.

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.