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TRIPODI JOSI Form 4	EPH V											
December 19, 2	2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITEDS	IAIESS	DMMISSION	OMB Number:	3235-0287							
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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									Expires: January 31 2009 Estimated average burden hours per response 0.9		
(Print or Type Res	ponses)											
TRIPODI JOSEPH V Syml									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O THE ALL CORPORATIO ROAD	(M 1	3. Date of Earliest Transaction (Month/Day/Year) 11/03/2005					Director 10% Owner Officer (give titleX Other (specify below) below) SVP Allstate Insurance Company					
	(Street) DK, IL 60062-61	Filed(Month/					- -	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
							F	Person				
(City)	(State) (Z	ip)	Table I	- Non-Deri	vative Sec	curitie	s Acqui	red, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution Execution any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	isposed 4 and (A) or	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock accompanied by tax withholding rights	11/03/2005			F	953	D	\$ 55.44	5,397 <u>(1)</u>	D			

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

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number.

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)	Derivative Conversion (Month/Day/Yea ecurity or Exercise		Date 3A. Deemed ar) Execution Date, if any (Month/Day/Year)		Code	5. 6. Date Exercisable and onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repor	ting O	wners										
Rep	orting Owner	· Name / Address				Relat	Relationships					
				Director 1	0% Owner	Officer	Other					
C/O THE 2775 SAN	TRIPODI JOSEPH V C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127				S	SVP Allstate Insurance Company						
Signa	tures											
JOSEPH TRIPODI	VINCENT	1	2/16/2	2005								
<u>**</u> Signature	of Reporting Per	rson	Date									
Evola	nation	of Boond	h	001								

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).

The vesting schedule for the award of restricted stock with tax withholding rights was reported on November 11, 2003 as 3,175 shares
(1) vesting on November 11, 2005 and 3,175 shares vesting on November 11, 2007. The correct vesting schedule is 3,175 vested on November 3, 2005 and 3,175 shares vesting on November 3, 2007.

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.