Edgar Filing: ALLSTATE CORP - Form 4

ALL STATE CORP

Form 4	2007											
February 20 FORM Check th if no lon, subject to Section 1 Form 4 c Form 5 obligation may con	Was F CHAN Section 1	GES IN SECUR	D.C. 20 BENEF ITIES e Securit	549 ICIA ties E	L OW	COMMISSION NERSHIP OF e Act of 1934, E 1935 or Section	OMB Number: Expires: Estimated a burden hou response					
See Instr 1(b).		30(h)	of the In	vestment	Compar	іу Ас	t of 194	40				
(Print or Type)	Responses)											
1. Name and Address of Reporting Person <u>*</u> Roche Michael John			2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]					5. Relationship of Reporting Person(s) to Issuer				
(Last) C/O THE A CORPORA ROAD	(First) ALLSTATE ATION, 2775 SA	(Middle)	3. Date of (Month/E 02/15/2	-	ransaction			Director Difficer (give below)	k all applicable 	Owner er (specify		
	(Street)	(Street) 4. If Ame Filed(Mon				1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
NORTHBR	ROOK, IL 60062	2-6127						Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi on(A) or D (Instr. 3,	ispose 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)	Indirect Beneficial		
Common Stock	02/15/2007			F <u>(1)</u>	1,644	D)	\$ 61.71	14,460	D			
Common Stock								1,980.3413 (2)	Ι	by 401(k) Plan		

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.

Signature of Date **Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

02/19/2007

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Reflects acquisition of 316.3661 shares of The Allstate Corporation common stock since December 15, 2006 under The Savings and Profit (2)Sharing Fund of Allstate Employees, a 401 (k) plan, pursuant to the most recent plan statement, dated February 14, 2007.
- Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the unrestriction of shares on February (1) 15, 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.

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of 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)	int of lying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Roche Michael John

Signatures

MICHAEL J ROCHE

Reporting Owner Name / Address

SVP Allstate Insurance Company

Relationships

- Officer Other Director 10% Owner
- C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127