## Edgar Filing: ALLSTATE CORP - Form 4

ALLSTAT Form 4	E CORP									
February 22	2, 2007									
FOR	ЛЛ	TED STATES	SECURITIES	S AND EX	CHANG	E COMMISSI		APPROVAL		
			SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549				Number:	3235-0287		
if no lo subject Section Form 4 Form 5	to <b>SI</b> 16. or	ATEMENT OI ed pursuant to S	SEC	Estimated burden ho response	ours per					
obligati may co <i>See</i> Ins 1(b).	ntinue. Sectio	on $17(a)$ of the l		olding Co	mpany Ac	t of 1935 or Sec				
(Print or Type	e Responses)									
1. Name and PILCH SA		porting Person *	2. Issuer Name : Symbol			5. Relationshi Issuer	p of Reporting P	erson(s) to		
(Last)	(First)	(Middle)	ALLSTATE CORP [ALL] 3. Date of Earliest Transaction			(Check all applicable)				
C/O THE	ALLSTATE		(Month/Day/Year 02/20/2007			Director X Officer ( below)		0% Owner ther (specify		
NODTID	(Street)	00(2)(127	4. If Amendment Filed(Month/Day/	-	al	Applicable Line _X_ Form filed	or Joint/Group Fi ) by One Reporting by More than One	Person		
NORTHE	ROOK, IL 6	0062-6127				Person	, ,	1 0		
(City)	(State)	(Zip)	Table I - No	n-Derivativo	e Securities	Acquired, Dispose	d of, or Benefic	ally Owned		
1.Title of Security (Instr. 3)	2. Transactio (Month/Day/	any	Date, if Transac Code w/Year) (Instr. 8	<ul> <li>4. Securi tionAcquired Disposed</li> <li>) (Instr. 3,</li> <li>V Amount</li> </ul>	(A) or d of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	eport on a separ	ate line for each cl	ass of securities be	neficially ov	vned directly	or indirectly.				
				infor requi	mation con ired to resp ays a curre	spond to the co tained in this fo oond unless the ently valid OMB o	rm are not form	SEC 1474 (9-02)		
			vative Securities A puts, calls, warra			r Beneficially Owr securities)	ned			
1. Title of Derivative	2. Conversion	3. Transaction Da (Month/Day/Year	te 3A. Deemed ) Execution Date	4. e, if Transa	5. Num actiorDerivation		tercisable and Date	7. Title an Underlyin		

emed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
on Date, if	Transacti	orDerivative	Expiration Date	Underlying Securitie

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	8)	Securities Acquired ( or Dispose (D) (Instr. 3, 4 and 5)	(A) ed of	(Month/Day/Year)		(Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 62.24	02/20/2007		А		21,178		<u>(1)</u>	02/20/2017	Common Stock	21,1
Restricted Stock Units	\$ 0 <u>(2)</u>	02/20/2007		А		2,918		02/20/2011	02/20/2011 <u>(2)</u>	Common Stock	2,91

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
PILCH SAMUEL H C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127			Controller			
Signatures						

SAMUEL H 02/22/2007 PILCH

\*\*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).
- Option exercisable in four increments, such installments to vest on February 20, 2008, February 20, 2009, February 20, 2010 and (1) February 20, 2011, respectively.

Award of Restricted Stock Units (RSUs) granted under The Allstate Corporation Amended and Restated 2001 Equity Incentive Plan.

(2) Each RSU represents the right to receive, without the payment of any consideration, one share of Allstate common stock at the end of the period of restriction. The total number of RSUs will convert to common stock on February 20, 2011.

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.