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ALLSTATE Form 4	CORP										
December 23	3, 2004										
FORM	ГЛ	D STATE	SFCUR	PITIFS A	ND FX	сна	NGE (OMMISSION		PROVAL	
CONIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							0101011001010	OMB Number:	3235-0287		
Check thi if no long	ter								Expires:	January 31, 2005	
subject to Section 1 Form 4 o	SECUR	ITIES			NERSHIP OF	Estimated average burden hours per response 0					
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section	17(a) of the	Public Ut		ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	n		
(Print or Type F	Responses)										
CROCKETT JOAN M Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Chec	k all applicable)	
THE ALLS	``´	ANDERS	(Month/D 12/22/20	ay/Year)				below)	title 10% below) e Insurance Co		
(Street) 4. If Amer				ndment, Date Original nth/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-D	erivative	Secur	ities Aca	Person uired, Disposed of	or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	12/22/2004			М	994	А	\$ 32.22	42,091	D		
Common Stock	12/22/2004			S <u>(1)</u>	887	D	\$ 51	41,204	D		
Common Stock	12/22/2004			F	107 <u>(2)</u>	D	\$ 51	41,097	D		
Common Stock								7,152.6228 (3)	Ι	by 401(k) Plan	

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Code Derivative (Instr. 8) 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. D Se (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 32.22	12/22/2004		М	994	04/29/1998	02/06/2005	Common Stock	994	C O

Reporting Owners

Reporting Owner Name / Address	Relationships					
Terporting of the Finance Finances	Director	10% Owner	Officer	Other		
CROCKETT JOAN M THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127				SVP Allstate Insurance Company		
Signatures						
Katherine A. Smith for Joan M. Crockett		12/23/2004				

**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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1(c) trading plan adopted by the reporting person on December 3, 2004.

(2) Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the exercise.

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(3) Reflects acquisition of 110.0068 shares of The Allstate Corporation common stock since May 12, 2004 under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated December 22, 2004.

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.