## ALLSTATE CORP

Form 4 June 03, 2008

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \* SPRIESER JUDITH A

(First) (Middle) (Last)

C/O THE ALLSTATE **CORPORATION, 2775 SANDERS ROAD** 

(Street)

(State)

(City)

1. Title of

Security

(Instr. 3)

NORTHBROOK, IL 60062-6127

(Zip)

2. Transaction Date 2A. Deemed

2. Issuer Name and Ticker or Trading

Symbol

ALLSTATE CORP [ALL] 3. Date of Earliest Transaction

(Month/Day/Year) 06/01/2008

4. If Amendment, Date Original

Filed(Month/Day/Year)

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

> Code (Month/Day/Year) (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

(A)

Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

2. 1. Title of Derivative Security Conversion 3. Transaction Date 3A. Deemed

5. Number

6. Date Exercisable and

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

6. Ownership

Form: Direct

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

(Check all applicable)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

(D) or Indirect Beneficial

Issuer

below)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

5. Amount of

Securities

Following

Reported

Owned

Beneficially

X\_ Director

Applicable Line)

Officer (give title

Estimated average

burden hours per

(Month/Day/Year) Execution Date, if Transaction of Derivative Expiration Date

7. Title and An Underlying Sec

#### Edgar Filing: ALLSTATE CORP - Form 4

(Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4) and 5)	of	(Month/Day/Year)		(Instr. 3 and 4)		
					Code V	/ (A) (	(D)	Date Exercisable	Expiration Date	Title	A C
Dir	n-Employee rector Stock tion (right to	\$ 50.94	06/01/2008		A	4,000		06/01/2009(1)	06/01/2018	Common Stock	

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

SPRIESER JUDITH A

C/O THE ALLSTATE CORPORATION

C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127

X

## **Signatures**

Katherine A. Smith for Judith A.

Sprieser 06/03/2008

\*\*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) Grant to reporting person of option to purchase 4,000 shares of common stock exercisable in three increments, each for one-third of the total number of said shares, such installments to vest on June 1, 2009, June 1, 2010 and June 1, 2011, respectively.

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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