Edgar Filing: ALLSTATE CORP - Form 4

ALLSTAT Form 4	E CORP									
June 03, 20	008									
FOR	M 4 UNITED	STATES	SECU	RITIFS A	ND FX	CHANGE	COMMISSIO	NT.	PPROVAL	
		STATES		ashington				N OMB Number:	3235-0287	
Check this box if no longer							Expires:	January 31, 2005		
subject to Section 16. Form 4 or								Estimated burden hou response	average urs per	
-	iona Pileu pui	a) of the F	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940			
(Print or Type	e Responses)									
1. Name and RILEY H	Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
(Least)	(Einst) (ALLSTATE CORP [ALL]				(Check all applicable)			
(Last) (First) (Middle) C/O THE ALLSTATE			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2008			X_ Director 10% Owner Officer (give title Other (specify				
	ATION, 2775 SAN	NDERS	00/01/2	2000			below)	below)		
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NORTHB	ROOK, IL 60062-	6127					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tal	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution I any	Date, if	3. Transactio Code (Instr. 8)	Disposed	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 2 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: R	eport on a separate line	e for each cla	ass of sec	urities benef	ficially ow	ned directly	or indirectly.			
					inforn requii	nation cont ed to respo lys a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible :	Beneficially Owner securities)	d		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title an
Derivative Security	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlyin

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)	(Month/Day/Year	r)	(Instr. 3 a
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Common Share Unit	\$ 0	06/01/2008		A <u>(1)</u>	1,084.171	<u>(1)</u>	<u>(1)</u>	Commo Stock
Non-Employee Director Stock Option (right to buy)	\$ 50.94	06/01/2008		А	4,000	06/01/2009 <u>(2)</u>	06/01/2018	Commo Stock

Reporting Owners

Reporting Owner Name / Address		Relationships					
Toporting of the	Director	10% Owner	Officer	Other			
RILEY H JOHN JR							
C/O THE ALLSTAT 2775 SANDERS RO	Х						
NORTHBROOK, IL							
Signatures							
HJOHNRILEY,							
JR	06/03/2008						
**Signature of	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).
- (2) 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.

These common share units were acquired pursuant to The Allstate Corporation Amended and Restated Deferred Compensation Plan for Non-Employee Directors and represent director's fees deferred under the Plan and converted into units based on the market price of The

(1) Allstate Corporation's common shares. The units are credited with amounts representing dividends on common shares, as declared, which are also converted into units. For the period of June 2, 2007 through May 31, 2008, the reporting person acquired 285.623 of common share units representing those dividends.

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.

Reporting Person