RUEBENSON GEORGE E

Form 4 July 31, 2008

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

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Form 4 or Form 5 obligations may continue. See Instruction

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

response... 0.5

1(b).

(Print or Type Responses)

1. Name and RUEBENS	_	2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]					5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. Date of (Month/Date of C/O THE ALLSTATE 07/29/20 CORPORATION, 2775 SANDERS ROAD				2008				(Check all applicable) Director 10% Owner Officer (give titleX Other (specify below) SVP Allstate Insurance Company			
				endment, Donth/Day/Yea	Oate Original ar)		A 	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative Secu	ırities A	Acquii	red, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				5. Amount of Securities Ownership Indirect Beneficially Form: Beneficially Ownership Owned Direct (D) Ownership Following or Indirect (Instr. 4) Transaction(s) (Instr. 4) (Instr. 3 and 4)			
Common Stock					1 11110 0111			5,510 <u>(1)</u>	D		
Common Stock	07/29/2008			I	3,043.4783	A	\$ 46	4,020.8322 (2)	I	by 401(k) Plan	
Common Stock								9,564	I	by family trust	

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

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						· ·
					4, and 5)						
									Amount		
						Date	Expiration	m: 1	or		
						Exercisable	Date	o o	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

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

SVP Allstate Insurance Company

Signatures

Katherine A. Smith for George E. Ruebenson

07/31/2008

**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).
- Form reflects 115.883 shares acquired during the period of January 2, 2004 through April 3, 2006 through the dividend reinvestment plan of Morgan Stanley. Such broker's dividend reinvestment plan provides for regular and automatic reinvestment of dividends paid on Allstate common stock to acquire more Allstate common stock, and is offered on essentially the same terms to all clients holding Allstate common shares in a Morgan Stanley account.
- (2) Reflects 3043.4783 shares of The Allstate Corporation common stock acquired through intra-plan transfer and 16.1087 shares acquired since February 11, 2008, under The Savings and Profit Sharing Fund of Allstate Employees, a 401(k) plan.

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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