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Form 4											
February 24, 201	.1								<u></u>		
FORM 4	UNITED	STATES	SECU	RITIES .	AND EX	CHA	ANGE	COMMISSIO		PPROVAL	
Check this box Washington, D.C. 20549 Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16. SECURITIES Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							Number:	3235-0			
							Estimated burden hot	January 31 Expires: 200 Estimated average burden hours per response 0.4			
obligations may continue. <i>See</i> Instruction 1(b).				Jtility Ho nvestmen	•	-	•	of 1935 or Section 940	on		
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> Winter Matthew E			2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]				ing	5. Relationship of Reporting Person(s) to Issuer			
(1	(Einst)	- ILL .			-	-		(Check all applicable)			
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION, 2775 SANDERS ROAD			3. Date of Earliest Transaction (Month/Day/Year) 02/22/2011					Director 10% Owner Officer (give title X_ Other (specify below) Pres. & CEO Allstate Financial			
			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 Form filed by More than One Reporting 					
								Person			
	(State)	(Zip)					rities A	cquired, Disposed		•	
	ansaction Date nth/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) o l of (D))	Securities Beneficially Owned Following Reported Transaction(s)	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: Report of	n a separate line	e for each cla	ass of sec	urities bene	eficially ow	ned d	irectly o	or indirectly.			
					inforı requi	natio red to ays a	n cont o respo	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab			curities Aco ls, warrant				Beneficially Owner securities)	1		

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

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) of Disposed of (D (Instr. 3, 4, and 5)		/Year)	(Instr. 3 and	4)
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (Right to Buy)	\$ 31.74	02/22/2011		А	149,269	<u>(1)</u>	02/22/2021	Common Stock	149,26
Restricted Stock Units	(2)	02/22/2011		А	24,260	<u>(2)</u>	(2)	Common Stock	24,260

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Winter Matthew E						
C/O THE ALLSTATE CORPORATION				Pres. & CEO Allstate		
2775 SANDERS ROAD				Financial		
NORTHBROOK, IL 60062-6127						
Signatures						

Signatures

/s/ Matthew E. Winter	02/24/2011			
<u>**</u> 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) Option exercisable in three increments with 50% vesting on February 22, 2013, 25% vesting on February 22, 2014, and the remaining 25% vesting on February 22, 2015.

Award of Restricted Stock Units (RSUs) granted under The Allstate Corporation 2009 Equity Incentive Plan. Each RSU represents the right to receive, without the payment of any consideration, one share of Allstate common stock on the day following the last day of the

(2) period of restriction (the conversion date). The period of restriction shall begin on February 22, 2011, and 50% of the total number of RSUs will convert on February 22, 2013, 25% will convert on February 22, 2014, and the remaining 25% will convert on February 22, 2015.

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.