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ALLSTATE	CORP										
Form 4	4										
May 06, 2014 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi if no long			0 /					Expires:	January 31, 2005		
subject to Section 1 Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES								Estimated average burden hours per response 0.5		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the P	ublic Ut		ling Con	npany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
Gupta Suren Sy				Name and			ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N		3. Date of Earliest Transaction				(Chec)	(Check all applicable)			
C/O THE ALLSTATE CORPORATION, 2775 SANDERS ROAD			(Month/Day/Year) 05/02/2014					Director 10% Owner Officer (give title X Other (specify below) EVP Allstate Insurance Company			
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NORTHBR	OOK, IL 60062-6	5127						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Securities Form: Direct Beneficially (D) or Dwned Indirect (I) Following (Instr. 4) Reported Fransaction(s)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	05/02/2014			М	4,981	А	\$ 0 <u>(1)</u>	19,061	D		
Common Stock	05/02/2014			F	2,339	D	\$ 57.29	16,722	D		
Common Stock								294 <u>(2)</u>	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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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number onof Derivative 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. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(1)	05/02/2014		М	4,981	<u>(1)</u>	<u>(1)</u>	Common Stock	4,981	\$

Reporting Owners

NORTHBROOK, IL 60062-6127

Relationships **Reporting Owner Name / Address** Other Director 10% Owner Officer Gupta Suren C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD

Signatures

05/06/2014 /s/ Suren Gupta **Signature of Date Reporting Person

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).
- Conversion of previously awarded restricted stock units into an equal number of common shares, without the payment of any (1) consideration, pursuant to The Allstate Corporation 2013 Equity Incentive Plan (formerly The Allstate Corporation 2009 Equity Incentive Plan). The remaining restricted stock units will convert on May 2, 2015.
- Reflects acquisition of 134 shares of The Allstate Corporation common stock since May 1, 2013 under the Allstate 401(k) Savings Plan, (2)pursuant to the most recent plan statement, dated May 1, 2014.

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.

EVP Allstate Insurance Company