## Edgar Filing: ALLSTATE CORP - Form 4

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Form 4	CORP										
February 20,	2015										
FORM	$14_{\text{UNITED}}$	STATES	SECU	RITIFS A	ND FX	сна	NGF	COMMISSION	т	PPROVA	۱L
~		SIAILS		ashington			IUCE		OMB Number:	3235-	0287
Check th if no long subject to Section 1 Form 4 o Form 5	ger <b>STATEN</b> 6. r	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,						Estimated burden hou	Expires:January 31, 2005Estimated average burden hours per response0.5		
obligation may cont <i>See</i> Instru 1(b).	ns Section 17( inue. uction	a) of the l	Public U		ding Cor	npan	y Act	of 1935 or Section	on		
(Print or Type I	Responses)										
1. Name and A Mabe Kathe	2. Issuer Name <b>and</b> Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to Issuer					
<u> </u>	(First) (I	Middle)	ALLSTATE CORP [ALL]					(Check all applicable)			
(Last) C/O THE A CORPORA ROAD	3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015					Director       10% Owner         Officer (give title      X Other (specify below)         Pres. Business to Business-AIC					
	4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>					
NORTHBR						Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	ities A	cquired, Disposed	of, or Beneficia	lly Owned	ł
	2. Transaction Date (Month/Day/Year)	Execution	Date, if	3. Transactio Code (Instr. 8)	Disposed	(A) or of (D)	)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	ıl
				Code V	Amount	(D)	Price	(msu: 5 and +)			
Reminder: Rep	oort on a separate line	e for each cl	ass of sec	urities bene	•		•	or indirectly.	ction of	SEC 1474	
information contained in this form are not required to respond unless the form displays a currently valid OMB control number.								(9-02)			
	Tab			curities Acq ls, warrants				Beneficially Owned securities)	I		

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	Transaction	Derivative	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) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to	\$ 70.71	02/18/2015		А		38,812		<u>(1)</u>	02/18/2025	Common Stock	38,812
•	ing Ow					Relation	shina	2			
Reporting Owner Name / Address		Director 10%	Owner	C		ther	,				
Mabe Katherine A C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062			Ň	Pres. Business to Business-AIC							
Signat	ures										
/s/ Efie Vainikos, attorney-in-fact for Katherine A. Mabe			atherine A.	02/20/2015							
**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 one third vesting on February 18, 2016, February 18, 2017, and February 18, 2018, with any fractional shares to be rounded as provided for in award agreement.

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.