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ALLSTATE COF Form 4	RP									
December 03, 200	04									
FORM 4									PPROVAL	
	UNITED	STATES		RITIES A			COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEM Filed pur Section 17(suant to S a) of the I	Section 1 Public U	SECUI 16(a) of th Itility Hol	RITIES ne Securit ding Cor	ties Excha	WNERSHIP OF nge Act of 1934, of 1935 or Sectio 940	Estimated burden hou response	urs per	
(Print or Type Respon	nses)									
1. Name and Address of Reporting Person <u>*</u> GREENBERG JACK M			2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) ((First) (1	Middle)	3. Date of	of Earliest T	ransaction		(Che	ck all applicabl	e)	
333 W. WACKE 1015	ER DRIVE, S	SUITE	(Month/I 12/01/2	Day/Year) 2004			X Director Officer (give below)		% Owner her (specify	
(Street)			endment, D onth/Day/Yea	-	1	6. Individual or J Applicable Line) _X_Form filed by	One Reporting P	erson	
CHICAGO, IL 6	0606						Form filed by Person	More than One R	eporting	
(City) (State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned	
	ansaction Date th/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit inAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on	a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso inforn requir	ns who res nation cont ed to resp lys a curre	spond to the collect tained in this form ond unless the for ntly valid OMB con	are not m	SEC 1474 (9-02)	

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. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	(, I (, (,	Acquired A) or Disposed D) Instr. 3, and 5)	d of					(Inst
				Code Y	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0 <u>(1)</u>	12/01/2004		А	/	2,000		(1)	<u>(1)</u>	Common Stock	2,000	\$ (

Reporting Owners

Reporting Owner Name / Addres	Relationships						
	Director	10% Owner	Officer	Other			
GREENBERG JACK M 333 W. WACKER DRIVE SUITE 1015 CHICAGO, IL 60606	Х						
Signatures							
JACK M GREENBERG	12/03/2004						
<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).

Restricted Stock Units (RSUs) are granted under The Allstate Corporation Equity Incentive Plan for Non-Employee Directors, as Amended and Restated effective as of November 9, 2004. Each RSU represents the right to receive one share of Allstate common stock

¹ upon the earlier of (i) the date of the reporting person's death or disability, and (ii) one year after the date on which the reporting person is no longer serving as a director of Allstate.

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.