Edgar Filing: ALLSTATE CORP - Form 4

ALLSTATE	ECORP										
Form 4 February 20	. 2007										
FORM A								OMB APPROVAL			
	UNITE	D STATES					NGE C	COMMISSION	OMB Number:	3235-0287	
Check the find the constant of	nger STAT to STAT 16.	EMENT O	Washington, D.C. 20549 OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligatio may con <i>See</i> Instr 1(b).	ntinue. Section	pursuant to 17(a) of the 30(h)	·								
(Print or Type	Responses)										
1. Name and Address of Reporting Person [*] WILSON THOMAS J				Name and			ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Chec				ek all applicable)				
	ALLSTATE ATION, 2775 S	ANDERS	(Month/D 02/15/20	•				Director X Officer (give below) Press		Owner er (specify	
	(Street) 4. If Amer Filed(Mon				-	1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
NORTHBE	ROOK, IL 6006	2-6127						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common	02/15/2007			Code V $F^{(1)}$	Amount 8,865	or (D) D	Price \$	(Instr. 3 and 4) 95,703.94 (2)	D		
Stock	02/10/2007				0,000	2	61.71		2		
Common Stock								3,184.8382 (3)	Ι	by 401(k) Plan	

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: ALLSTATE CORP - Form 4

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
WILSON THOMAS J C/O THE ALLSTATE COF 2775 SANDERS ROAD NORTHBROOK, IL 60062			President and CEO					
Signatures								
THOMAS J WILSON	02/19/2007							

<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).
- (2) Form reflects 461.446 shares acquired during period of July 8, 2006 through January 8, 2007 through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common shares.
- (1) Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the unrestriction of shares on February 15, 2007.
- (3) Reflects acquisition of 197.6108 shares of The Allstate Corporation common stock since June 23, 2006 under The Savings and Profit Sharing Fund of Allstate Employees, a 401 (k) plan, pursuant to the most recent plan statement, dated February 14, 2007.

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.