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ALLSTATE	CORP										
Form 4 February 22,	2017										
FORM	ГЛ					~~~ .			OMB AF	PROVAL	
	UNITED	STATES		ATTIES A Shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long									Expires:	January 31, 2005	
subject to Section 1 Form 4 o		SECUR	ITIES			NERSHIP OF	Estimated a burden hou response	verage			
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the l	Public Ut		ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
Harty Harriet K Symbo				Name and			ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)	3. Date of Earliest Transaction					(Check	k all applicable)	
· · · · · · · · · · · · · · · · · · ·				th/Day/Year) 8/2017				Director 10% Owner Officer (give titleX Other (specify below) below) Executive Vice President - AIC			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NORTHBROOK, IL 60062						•	ed by More than One Reporting				
(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)	ecurity (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)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/18/2017			М	3,306	А	\$ 0 <u>(1)</u>	12,060	D		
Common Stock	02/18/2017			F	1,028	D	\$ 80.44	11,032	D		
Common Stock								8,685	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 (9-02) required to respond unless the form

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	Transaction of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	<u>(1)</u>	02/18/2017		М		3,306	02/18/2017	02/18/2017	Common Stock	3,306

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Harty Harriet K C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062				Executive Vice President - AIC			
Signatures							
/s/ Efie Vainikos, attorney-in-fact for Harr Harty	riet K.	02/2	22/2017				
<u>**</u> Signature of Reporting Person		1	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) Conversion of previously awarded restricted stock units into an equal number of common shares, without the payment of any consideration, pursuant to The Allstate Corporation 2013 Equity Incentive Plan.

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.