Edgar Filing: WILSON THOMAS J - Form 4

| WILSON THOM Form 4 | | | | | | | | | | |
|--|--|---|---|--|--|--|--|--|---|--|
| February 12, 2019 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction | UNITED STATEM Filed pur Section 17(| IENT OF rsuant to S (a) of the F | Wa F CHAN Section | NGES IN SECUF 16(a) of th Jtility Hol | , D.C. 20 BENEF RITIES ne Securit ding Cor | 9 549 ICIAL OV ties Exchar | COMMISSION WNERSHIP OF nge Act of 1934, of 1935 or Section 940 | N OMB Number: Expires: Estimated burden hou response | urs per | |
| 1(b). (Print or Type Respondence) | nses) | | | | | | | | | |
| 1. Name and Addres WILSON THON | | Person <u>*</u> | Symbol | er Name an ΓΑΤΕ CO | | - | 5. Relationship o Issuer (Che | of Reporting Per eck all applicabl | | |
| (1 | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2019 | | | | X_ Director 10% Owner X_ Officer (give title Other (specify below) below) Chairman, President & CEO | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (| (State) | (Zip) | Tab | ole I - Non-l | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned | |
| | ansaction Date th/Day/Year) | Execution any | Date, if | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, 4 | (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Reminder: Report on | a separate line | o for each cla | ass of sec | eurities bene | Perso inforn requir | ns who res nation cont ed to respo bys a curre | or indirectly. spond to the colle ained in this form ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | |
| | Tabl | | | | | posed of, or convertible s | Beneficially Owner securities) | 1 | | |

| 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 | Transacti | orDerivative | Expiration Date | Underlying Securities |

Edgar Filing: WILSON THOMAS J - Form 4

| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Yo | Code ear) (Instr. 8 | Securities Acquired (A Disposed o (Instr. 3, 4, 5) | f (D) | (Month/Day, | /Year) | (Instr. 3 and | 4) |
|--|---|--------------|----------------------|------------------------|--|-------|---------------------|--------------------|-----------------|----------------------------|
| | | | | Code | V (A) | (D) | Date Exercisable | Expiration Date | Title | Amount Number Shares |
| Employee Stock Option (Right to Buy) | \$ 92.46 | 02/08/2019 | | А | 269,746 | | <u>(1)</u> | 02/08/2029 | Common Stock | 269,74 |
| Reporting Owners | | | | | | | | | | |
| Repo | rting Owner Na | me / Address | Director | 10% Owner | Relationsh Officer | ips | | Other | | |
| C/O THE A | THOMAS J ALLSTATE (DERS ROAD | CORPORATION | X | | Chairman, | Pres | sident & CE | EO | | |

Signatures

| /s/ Thomas J. Wilson | 02/12/2019 | | | | |
|--|------------|--|--|--|--|
| <u>**</u> Signature of Reporting Person | Date | | | | |

NORTHBROOK, IL 60062-6127

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).
- Option exercisable in three increments, with one third vesting on February 8, 2020, February 8, 2021, and February 8, 2022, with any (1) 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.