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ALLSTATE Form 4	ECORP													
June 03, 201	3													
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL				
Washington, D.C. 20549									N OMB Number:	3235-0287				
Check this box if no longer subject to Section 16. Form 4 or Evert 5 Eiled pursuant to Section 16(a) of					CUR	RITIE	ËS			Estimated burden ho response	Expires:January 31, 2005Estimated average burden hours per response0.5			
obligatio may con See Instr 1(b).	tinue. Section 17((a) of the F		Jtility l	Hol	ding (Con	ipan	y Act	nge Act of 1934, of 1935 or Secti 940				
(Print or Type)	Responses)													
LEMAY RONALD T Sy				2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]					ng	5. Relationship of Reporting Person(s) to Issuer				
(Leat)	(First)	Middle)				-				(Check all applicable)				
()				3. Date of Earliest Transaction (Month/Day/Year) 06/01/2013						X_ Director 10% Owner Officer (give title Other (specify below) below)				
				f Amendment, Date Original ed(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)	Tał	ole I - N	on-I	Derivat	tive	Secur	ities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, is any			Code Disposed of (D) (Year) (Instr. 8) (Instr. 3, 4 and 5) (A)				(A) on of (D) and f)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	Amou	ınt		Price	(Instr. 3 and 4)				
Reminder: Rep	port on a separate line	e for each cla	uss of sec	urities b	enef	ficially	owr	ed di	rectly o	or indirectly.				
						inf rec dis	iorm quir	atior ed to ys a	n cont respo	spond to the colle cained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab									Beneficially Owner securities)	1			
1 Title of	о о т _{ит}	nonation D-	- 2 A F	aamad		4		5	Numb	an 6 Data Evana	isable and 7	Fitle and Amount		

1. Title of
Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and
Expiration Date7. Title and Amount of
Derivative8. Pr
Derivative1. Title of
Derivative(Month/Day/Year)Execution Date, if
Execution Date, ifTransaction of DerivativeExpiration Date7. Title and Amount of
Derivative8. Pr
Derivative

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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)		Secu (Inst
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(1)	06/01/2013		А	3,110		<u>(1)</u>	<u>(1)</u>	Common Stock	3,110	\$

Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
LEMAY RONALD T C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127		Х							
Signatures									
/s/ Ronald T. LeMay	06/03/2013								
**Signature of	Date								

Reporting Person

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 2006 Equity Compensation Plan for Non-Employee Directors, as amended and restated. Each RSU represents the right to receive one share of Allstate common stock upon the earlier of the day

(1) as anticided and restated. Each robe represents the right to receive one share of Atlistate common stock upon the earlier of the day following (i) the date of the reporting person's death or disability, or (ii) 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.