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REDMONI	D ANDREA										
Form 4											
June 05, 20									0145.4		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								NT	OMB APPROVAL		
Check this box							Number:	3235-0287			
if no lor subject Section Form 4	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hou	Expires:January 31, 2005Estimated average burden hours per response0.5				
Form 5 obligation may con <i>See</i> Inst 1(b).	ons Section 17(a) of the l	Public U		ding Cor	npan	y Act	nge Act of 1934, of 1935 or Secti 940			
(Print or Type	Responses)										
1. Name and REDMON	2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]				ing	5. Relationship of Reporting Person(s) to Issuer					
					-	-]		(Check all applicable)			
(N			(Month/	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2018				X_ Director 10% Owner Officer (give title Other (specify			
	ATION, 2775 SAN	IDERS	00/01/2	2018				below)	below)		
				If Amendment, Date Original ed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NORTHBE	ROOK, IL 60062-	6127						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tal	ble I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Da (Instr. 3) any		Date, if TransactionAcqu Code Dispo ay/Year) (Instr. 8) (Instr		Disposed (Instr. 3, 4	equired (A) or sposed of (D) (A) (A) or		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)	
				Code V	Amount	(D)	Price	(,			
Reminder: Re	port on a separate line	for each cl	ass of sec	surities benef	Perso inform requir	ns w natio red to iys a	ho res n cont o respo	or indirectly. spond to the collection ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab			curities Acq ls, warrants				Beneficially Owner securities)	d		

1. Title of
Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and
Expiration Date7. Title and Amount of
Number8. PrDerivativeConversion(Month/Day/Year)Execution Date, ifTransaction of DerivativeExpiration DateUnderlying SecuritiesDerivative

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		l l of	(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	<u>(1)</u>	06/01/2018		А	1,652		<u>(1)</u>	<u>(1)</u>	Common Stock	1,652	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
, of the second s	Director	10% Owner	Officer	Other			
REDMOND ANDREA C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127	Х						
Signatures							
/s/ Efie Vainikos, attorney-in-fact for And Redmond	rea	06/05/2018					
**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) granted under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors providing that each RSU represents the right to receive one share of Allstate common stock following either a standard restriction period

(1) or a deferred period of restriction if elected. The RSUs reported will convert into common stock on the tenth anniversary of the date of grant, except in the event of the reporting person's death or disability, which will cause the RSUs to convert on the day following the date of death or disability.

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.