### Edgar Filing: ALLSTATE CORP - Form 4

ALLSTAT	E CORP												
Form 4	05 2005												
December (										OMB A	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										3235-0287			
Check this box if no longer subject to Section 16. Form 4 or					IGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31, 2005Estimated average burden hours per response0.5		
Form 5 obligati may co <i>See</i> Inst 1(b).	ons ntinue. Section 17(		ublic U	Jtility I	Hol	ding C	ompa	ny Act	nge Act of 1934, t of 1935 or Secti 1940				
(Print or Type	Responses)												
1. Name and ACKERM	-	2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSTATE CORP [ALL]					ding	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (I					-	-		(Check all applicable)				
				3. Date of Earliest Transaction (Month/Day/Year) 12/01/2005					Officer (give title 10% Owner Officer (give title Other (specify below)				
				. If Amendment, Date Original ïled(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
NORTHBROOK, IL 60062-6127				Person					More than One F	ceporting			
(City)	(State)	(Zip)	Tal	ole I - No	on-I	Derivati	ve Secu	urities A	Acquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemo Execution any (Month/Day/Year)		Date, if Transaction			4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	V	Amoun		Price	(Instr. 3 and 4)				
Reminder: Re	eport on a separate line	e for each cla	ss of sec	urities h	enef	ficially o	wned (	lirectly	or indirectly				
Kenninder, Ke	port on a separate mit		55 01 500	unites b	chei	Pers info requ disp	sons v rmatio uired 1	who res on con to resp	spond to the colle tained 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 от	nanotion D-4	а 24 Г	aamad		Δ		5 Normali	or 6 Data Evara	isable and 7	Title and Amount		

1. Title of<br/>Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and<br/>Expiration Date7. Title and Amount of<br/>Derivative8. Pr<br/>Derivative1. Title of<br/>Derivative(Month/Day/Year)Execution Date, if<br/>Execution Date, ifTransaction of DerivativeExpiration Date7. Title and Amount of<br/>Derivative8. Pr<br/>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 (Insti
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0 <u>(1)</u>	12/01/2005		А	2,000		<u>(1)</u>	<u>(1)</u>	Common Stock	2,000	9

# **Reporting Owners**

Reporting Owner Name / AddressRelationshipDirector10% OwnerOfficerOtherACKERMAN F DUANE<br/>C/O THE ALLSTATE CORPORATION<br/>2775 SANDERS ROAD<br/>NORTHBROOK, IL 60062-6127XXVVVSignatures<br/>F DUANE<br/>ACKERMAN12/02/2005VVVVVV\*Signature of ReportingDateVVVVVVV

#### 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 Equity Incentive Plan for Non-Employee Directors, as Amended and Restated effective as of November 9, 2004. Each RSU represents the right to receive one share of Allstate common stock

(1) Intended and restated effective as of revenuel 9, 2004. Each robo represents the right to receive one share of Allstate common stock upon the earlier of (i) the date of the reporting person's death or disability, and (ii) one year after 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.