Edgar Filing: MCNEIL RONALD D - Form 4

MCNEIL RO										
February 24, FORN	4 UNITED	STATES		RITIES A			COMMISSION	-	APPROVAL 3235-028	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						Estimated average burden hours per response 0.5				
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> MCNEIL RONALD D			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			ALLSTATE CORP [ALL]				(Check all applicable)			
(Last) (First) (Middle) THE ALLSTATE CORPORATION, 2775 SANDERS ROAD			3. Date of Earliest Transaction (Month/Day/Year) 02/22/2005				Director 10% Owner Officer (give title X Other (specify below) SVP Allstate Insurance Company			
			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 				
NORTHBR	OOK, IL 60062-	6127					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tal	ble I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	illy Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	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	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Rep	oort on a separate line	e for each cla	ass of sec	curities bene	Perso inform requir	ns who res nation cont red to respo nys a curre	or indirectly. spond to the colle ained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owned securities)	I		
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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	iorDerivative	Expiration Date	Underlying Securitie

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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)		r)	(Instr. 3 and	4)
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 52.57	02/22/2005		A	39,368	02/22/2006 <u>(1)</u>	02/22/2015	Common Stock	39,3
Restricted Stock Units	\$ 0 <u>(2)</u>	02/22/2005		А	6,009	02/22/2009	(2)	Common Stock	6,00

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
MCNEIL RONALD D THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127	N			SVP Allstate Insurance Company				
Signatures								
RONALD DEAN 0 MCNEIL	2/24/2005							
**Signature of Reporting	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) Grant to reporting person of option to purchase 39,368 shares of common stock exercisable in four increments, each for one-fourth of the total number of said shares, such installments to vest on February 22, 2006, February 22, 2007, February 22, 2008 and February 22, 2009.

Award of Restricted Stock Units (RSUs) with tax withholding rights granted under The Allstate Corporation 2001 Equity Incentive Plan. (2) Each RSU represents the right to receive, without the payment of any consideration, one share of Allstate common stock at the end of the

restricted period (the conversion date), which is February 22, 2009.

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.

Person