

ALLSTATE CORP
Form 3
April 25, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *

Â FORTIN MARY JANE

(Last) (First) (Middle)

C/O THE ALLSTATE CORPORATION,Â 2775 SANDERS ROAD

(Street)

NORTHBROOK,Â ILÂ 60062

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

04/15/2016

3. Issuer Name and Ticker or Trading Symbol
ALLSTATE CORP [ALL]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
(give title below) (specify below)
Executive Vice President - AIC

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

Date Exercisable Date Expiration

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

Title Amount or Number of

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

				Shares		or Indirect (I) (Instr. 5)	
Restricted Stock Units	Â (1)	10/05/2019	Common Stock	58,431	\$ (1)	D	Â
Employee Stock Option (Right to Buy)	Â (2)	10/05/2025	Common Stock	16,181	\$ 59.9	D	Â
Employee Stock Option (Right to Buy)	Â (3)	02/11/2026	Common Stock	51,272	\$ 62.32	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FORTIN MARY JANE C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062	Â	Â	Â	Executive Vice President - AIC

Signatures

Mary Jane Fortin 04/25/2016

**Signature of
Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) Award of Restricted Stock Units (RSUs) granted on October 5, 2015 under The Allstate Corporation 2013 Equity Incentive Plan. Each RSU represents the right to receive, without the payment of any consideration, one share of Allstate common stock on the day following the last day of the period of restriction (the conversion date). The period of restriction began on October 5, 2015, with one quarter of the total number of RSUs converting on October 5, 2016, October 5, 2017, October 5, 2018, and October 5, 2019.

(2) Stock option award granted on October 5, 2015 for 16,181 shares of common stock vesting in 3 increments, with one third vesting on October 5, 2016, October 5, 2017, and October 5, 2018, with any fractional shares to be rounded pursuant to reporting persons option award.

(3) Stock option award granted on February 11, 2016 for 51,272 shares of common stock vesting in 3 increments, with one third vesting on February 11, 2017, February 11, 2018, and February 11, 2019, with any fractional shares to be rounded pursuant to reporting persons option award.

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.