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ESKEW MICHA	EL L										
Form 4 April 03, 2018											
								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this box								Number: Expires:	January 31,		
if no longer subject toSTATEMENT OF CHANGES IN BENEFICIAL (Section 16.Form 4 or Form 5Filed pursuant to Section 16(a) of the Securities Exch								Estimated burden hou response	urs per		
obligations may continue. <i>See</i> Instruction 1(b).	Section 17((a) of the l	Public U	Jtility Hol	ding Cor		of 1935 or Secti				
(Print or Type Respo	nses)										
ESKEW MICHAEL L Symbol				2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]			5. Relationship of Reporting Person(s) to Issuer				
(T)		.			-]	(Check all applicable)				
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) C/O THE ALLSTATE 04/01/2018						X_ Director 10% Owner Officer (give title Other (specify					
CORPORATION ROAD		NDERS	0 11 0 11				below)	below)			
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
NORTHBROOK	K, IL 60062						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tat	ole I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date hth/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (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)		
	<i>(</i> 1'	C 1 1	c								
Reminder: Report or	i a separate line	e for each ci	ass of sec	urities benei	Perso inform requir	ons who res nation con red to resp ays a curre	or indirectly. 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					posed of, or convertible	Beneficially Owner securities)	đ			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A Disposed of (Instr. 3, 4, a 5)	(D)	(Month/Day/	'Year)	(Instr. 3 and	4)
				Code V		(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Share Unit	\$ 0	04/01/2018		А	329.641 (1)		<u>(1)</u>	(1)	Common Stock	329.641

ther

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Otl			
ESKEW MICHAEL L C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062	Х						
Signatures							
/s/ Efie Vainikos, attorney-in-fact for Mr. Eskew	04/03/2018						
**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).

These common share units were acquired pursuant to The Allstate Corporation Amended and Restated Deferred Compensation Plan for Non-Employee Directors and represent the director's fees deferred under the Plan and converted into units based on the fair market value

(1) of The Allstate Corporation's common shares. The units are credited with amounts representing dividends on common shares, as declared, which are also converted into units. For the period of January 2, 2018 through April 1, 2018, the reporting person acquired 20.97 of common share units representing those dividends.

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.