Edgar Filing: TRAQUINA PERRY M - Form 4

TRAQUINA PI Form 4	ERRY M											
October 03, 201	17											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								ΝT	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								Number:	3235-0287			
if no longer			Expires:	January 31, 2005								
subject to Section 16. Form 4 or	SIAIE	MENT O	r CHAI		RITIES	Estimated burden hou	average urs per					
Form 5 obligations may continue <i>See</i> Instruction 1(b).	e. Section 17	(a) of the l	Public U	Jtility Ho	lding Co		inge Act of 1934, t of 1935 or Secti 1940		. 0.5			
(Print or Type Resp	oonses)											
TRAQUINA PERRY M Symbo			Symbol	-			5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle) 3. Da (Mor			ALLSTATE CORP [ALL] 3. Date of Earliest Transaction				(Check all applicable)					
				Day/Year)	Iransaction		X_ Director 10% Owner Officer (give title Other (specify					
ALLSTATE C	ORPORATIO	DN					below)	below)				
(Street) 4. If An				f Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
NORTHBROC	0K, IL 60062		Filed(Mo	onth/Day/Ye	ar)		Applicable Line) _X_ Form filed by Form filed by Person	One Reporting P More than One R				
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D)		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	(Instr. 3 and 4)					
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	-	-	-					
					inforr requi	nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)			
	Tab					sposed of, or convertible	Beneficially Owner securities)	đ				

3. Transaction Date 3A. Deemed 1. Title of 2. 4. 5. Number of 6. Date Exercisable and 7. Title and Amount of Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Underlying Securities (Month/Day/Year) (Instr. 3 and 4) Security or Exercise any Code Securities

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Share Unit	\$ 0	10/01/2017		А		340.007 (1)		<u>(1)</u>	<u>(1)</u>	Common Stock	340.007

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
TRAQUINA PERRY M 2775 SANDERS ROAD C/O THE ALLSTATE CORPORATION NORTHBROOK, IL 60062	Х					
Signatures						
/s/ Efie Vainikos, attorney-in-fact for Mr. Traquina		10/03/20	017			
** 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 July 2, 2017, through October 1, 2017, the reporting person acquired 4.859 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.