## Edgar Filing: KEANE MARGARET M - Form 4

KEANE MA Form 4	RGARET M									
July 03, 2018	3									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	PROVAL	
	UNITED	) STATES		AITIES A Shington,			NGE C	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHANGES IN B SECURI Filed pursuant to Section 16(a) of the Section 17(a) of the Public Utility Holdi					BENEFICIAL OWNERSHIP OF ATTIES e Securities Exchange Act of 1934, ding Company Act of 1935 or Section				Expires: January 3 20 Estimated average burden hours per response 0	
See Instru 1(b).	iction	50(II)	or the m	vestment	compan	y ne	101174	0		
(Print or Type F	Responses)									
KEANE MARGARET M Symbol							5. Relationship of Reporting Person(s) to Issuer			
				STATE CORP [ALL]				(Check all applicable)		
			e of Earliest Transaction h/Day/Year) /2018			_X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street) 4. If Amer			endment, Date Original			6. Individual or Joint/Group Filing(Check				
			Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
NORTHBR	OOK, IL 60062							Form filed by M Person	lore than One Re	porting
(City)	(State)	(Zip)	Tabl	e I - Non-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		n Date, if	3. Transactio Code (Instr. 8)	(Instr. 3,	spose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	07/01/2018			Code V A	Amount 171 <u>(1)</u>	· · ·	Price \$ 91.27	484	D	

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
KEANE MARGARET M 2775 SANDERS ROAD C/O THE ALLSTATE CORPORATION NORTHBROOK, IL 60062	X					
Signatures						
/s/ Efie Vainikos, attorney-in-fact for Ms. Keane	07/03/2018					
**Signature of Reporting Person		Date				
Explanation of Poenone	001					

## **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) Stock acquired pursuant to election to receive stock in lieu of cash compensation under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors.

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.