Edgar Filing: BRUNE CATHERINE S - Form 4

BRUNE CA	THERINE S											
Form 4												
April 21, 200	08											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-028			
Check th	v v eto	inington,		January 31,								
if no long		EMENT O	F CHANGES IN BENEFICIAL OWNERSHI						Expires: 200			
subject to Section 1				SECUR	ITIES				Estimated average burden hours per			
	Form 4 or							response	•			
Form 5	Filed p	oursuant to	Section 1	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,				
obligatio may cont		7(a) of the	Public Ut	ility Hold	ing Com	pany	Act of	f 1935 or Sectio	n			
See Instr		30(h)	of the In	vestment	Company	Act	of 194	40				
1(b).												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person [*]			2. Issuer	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
BRUNE CA	Symbol			·		Issuer						
	ALLST	ATE COF	RP [ALL]			(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of	f Earliest Transaction				(Check an applicable)				
	(Month/D	ay/Year)				Director 10% Owner						
C/O THE A			04/17/20	008				Officer (give below)	title <u>X</u> Oth below)	er (specify		
	TION, 2775 SA	ANDERS						· · · · · · · · · · · · · · · · · · ·	te Insurance Co	ompany		
ROAD										1 2		
	(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
	Filed(Mon	th/Day/Year)	1			Applicable Line)						
NODELIDD	0.011 II (0.0							_X_ Form filed by 0 Form filed by N				
NORTHBR	OOK, IL 6006	2-6127						Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I			3.				5. Amount of	6. Ownership			
Security	(Month/Day/Ye	· ·	on Date, if	Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially	Form: Direct (D) or Indirect (I)	Indirect			
(Instr. 3)		any (Month/	'Day/Year)						Beneficial Ownership			
		(intentio	2 aj; 1 cai)	(1115411-0)	(111547-0),	. una c	·)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
G				Code V	Amount	(D)	Price	(instr. 5 and 1)				
Common	04/17/2008			S	10,000	D	\$ 50	3,670 <u>(1)</u>	D			
Stock												
Common								12,530.743	Ι	by 401(k)		
Stock								(2)	-	Plan		

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

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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)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

Officer Other Director 10% Owner

Relationships

BRUNE CATHERINE S C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127

SVP Allstate Insurance Company

Signatures

CATHERINESBRUNE

04/21/2008

Date

**Signature of Reporting Person

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).
- The transaction reported on this Form 4 was effected pursuant to a Rule 10b5-1(c) trading plan adopted by the reporting person on April (1)3, 2008.
- Reflects acquisition of 96.0682 shares of The Allstate Corporation common stock since February 11, 2008 under The Savings and Profit (2)Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated April 16, 2008.

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. ettled in cash upon reporting person's retirement.

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