

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | |
|--|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burden hours per response: | 0.5 |

| | | |
|---|---|--|
| 1. Name and Address of Reporting Person* <u>AMERICAN INTERNATIONAL GROUP INC</u> (Last) (First) (Middle) <u>175 WATER STREET</u> (Street) <u>NEW YORK NY 10038</u> (City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol <u>CLEARBRIDGE AMERICAN ENERGY MLP FUND INC. [CBA]</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) See Remarks |
| | 3. Date of Earliest Transaction (Month/Day/Year) <u>07/23/2015</u> | |
| 4. If Amendment, Date of Original Filed (Month/Day/Year) <u>04/28/2017</u> | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--------------------------------------|--|--------------------------------|---|---|------------|-----------|---|--|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Series B Mandatory Redeemable Preferred Stock | 12/22/2015 | | S | | 160 | D | \$102,000 | 240 | I | Held through subsidiaries ⁽¹⁾ |

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. Transaction Code (Instr. 8) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|-----|---|--|--|---|--|
| | | | | Code | V | (A) | (D) | | | | | |

1. Name and Address of Reporting Person*
AMERICAN INTERNATIONAL GROUP INC
 (Last) (First) (Middle)
175 WATER STREET
 (Street)
NEW YORK NY 10038
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Lexington Insurance Co
 (Last) (First) (Middle)
99 HIGH ST, FLOOR 23
 (Street)
BOSTON MA 02110-2378
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
AMERICAN GENERAL LIFE INSURANCE CO
 (Last) (First) (Middle)
2727-A ALLEN PARKWAY

| | | |
|----------|---------|-------|
| (Street) | | |
| HOUSTON | TX | 77019 |
| (City) | (State) | (Zip) |

Explanation of Responses:

1. After giving effect to the sale on December 22, 2015, American General Life Insurance Company ("AGLIC"), Lexington Insurance Company ("Lexington"), each an indirect wholly owned subsidiary of American International Group, Inc. ("AIG"), and The United Guaranty Mortgage Indemnity Company ("UGMIC"), a former indirect wholly owned subsidiary of AIG, directly held 160 shares, 78 shares and 2 shares, respectively, of the Series B Mandatory Redeemable Preferred Stock (the "Series B MRPS"). AIG is an indirect beneficial owner of the Series B MRPS.

Remarks:

Filed pursuant to Section 30(h) of the Investment Company Act of 1940. Amendment filed to correct transaction code.

/s/ Geoffrey N. Cornell,
Authorized Signatory of
American International Group, 06/23/2017
Inc.

/s/ Martin J. Bogue, Authorized
Signatory of Lexington 06/23/2017
Insurance Company

/s/ Julie A. Cotton Hearne,
Authorized Signatory of 06/23/2017
American General Life
Insurance Company

** Signature of Reporting Person Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.