FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| OMB APPROVAL | | | | | | | | | |
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| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

hours per response:

0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* DOOLEY WILLIAM N | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN INTERNATIONAL GROUP INC [AIG] | | | | | | | ationship of R all applicabl Director | e) | Person | 10% Owi | | | | |
|--|------------------------|--------------------------------|--|---|---|---|---|--|--------------|--|---|---|--|--|--|--|--|
| (Last) (First) (Middle) AMERICAN INTERNATIONAL GROUP, INC. 175 WATER STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2015 | | | | | | X | X Officer (give title Other (specify below) Executive Vice President | | | | | | |
| (Street) NEW YO | ORK N | ΙΥ | 10038 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indi | ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | ?) | State) | (Zip) | | | | | | | | | | | | | | |
| | | | Table I - Non | -Deriv | ative | _ | | quired, | Disp | osed o | f, or Ber | neficially O | wned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month) | | | Execution Date h/Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Yea | e, Transaction Disposed Of Code (Instr. | | ties Acquired (A) or d Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Following R | Owned eported | 6. Own Form: (D) or I (I) (Inst | Direct Ir ndirect B tr. 4) C | 7. Nature of ndirect Beneficial Ownership | | | |
| | | | | | | Code | v | Amount | (A) c (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | nstr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion I | | Date Ex (Month/Day/Year) if | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | Deri Sec Acq Disp | umber of ivative urities uired (A) or oosed of (D) tr. 3, 4 and 5) | 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 | ve es ially ng | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Restricted Stock Unit | \$31.72 ⁽¹⁾ | 07/30/2015 | | M | | | 2,366.4906 ⁽²⁾ | (3) | | (3) | Common Stock | 2,366.4906 | (4) | 0.00 | 000 | D | |

- 1. Represents AIG's share price on the date of grant; these securities do not carry a conversion or exercise price.
- 2. Represents the payment in cash of \$152,709.64, before applicable taxes, in settlement of stock salary based on AIG's share price on July 30, 2015.
- 3. These securities do not have an exercisable date or expiration date.
- 4. These securities do not carry a conversion or exercise price.

/s/ Patricia M. Carroll, by POA for William N. Dooley

08/03/2015

** 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.