\square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject 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

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

| 1. Name and Address of Reporting Person* BENMOSCHE ROBERT H | | | 2. Issuer Name and Ticker or Trading Symbol <u>AMERICAN INTERNATIONAL GROUP</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---------|----------|---|--|---|-----------------------------------|--|--|--|--|
| | | | _ INC [AIG] | | Director | 10% Owner | | | | |
| (Last) (First) 180 MAIDEN LANE | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2010 | | Officer (give title below) President & | Other (specify below) c CEO | | | | |
| (Street) NEW YORK | NY | 10038 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | Individual or Joint/Group Filing (Check Applicable he) X Form filed by One Reporting Person | | | | | |
| (City) | (State) | (Zip) | - | | Form filed by More than One Reporting Person | | | | | |
| Table L. Non Darivative Securities Acquired Dispaced of an Banaficially Owned | | | | | | | | | | |

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

| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
|--|--|--|------|---|--|---------------|---------|---|---|---|--|
| Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | | | 4. Securities / Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| ommon Stock | 11/10/2010 | | A | | 1,883(1) | A | \$42.99 | 82,186 | D | | |

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. Transa Code (8) | | of Expiration | | 6. Date Exerc Expiration Da (Month/Day/Y | | | bunt of Derivative urities Security erlying (Instr. 5) vative urity (Instr. 3 | | 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) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. These shares are restricted from transfer until August 10, 2014 pursuant to the 2009-2010 Stock Salary Award Agreement with the Company dated November 24, 2009. This award reflects 3,578 shares less 1,695 shares withheld for taxes.

/s/ Kathleen E. Shannon, by

<u>11/12/2010</u> POA for Robert H. Benmosche

** 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.