## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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* Schimek Robert S.						2. Issuer Name and Ticker or Trading Symbol AMERICAN INTERNATIONAL GROUP INC [ AIG ]									of Reporting cable) or (give title	10% Owner		vner
(Last) (First) (Middle)  AMERICAN INTERNATIONAL GROUP, INC.  175 WATER STREET					3. Date of Earliest Transaction (Month/Day/Year) 09/29/2017									helow)		ice P	below)	
(Street) NEW YORK NY 10038 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Ex if a	2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr					Benefici Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
						Code V				Amount	(A) oi (D)	Price	Reporter Transact (Instr. 3	tion(s)			(Instr. 4)	
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 Da if any (Month/Day/\)	Co	Transaction Code (Instr		5. Numl of Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ive ies ed	6. Date Exer Expiration D (Month/Day/	ate	Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly D	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode V		(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares					
2017 Restricted Stock Units	(1)	09/29/2017			A		88 <sup>(1)</sup>		(1)		(1)	Common Stock	88	(1)	16,517	7	D	
Restricted Stock Units	(2)	09/29/2017			A		525 <sup>(2)</sup>		(2)		(2)	Common Stock	525	(2)	98,315	5	D	

## **Explanation of Responses:**

- 1. These securities are dividend equivalent rights in the form of 2017 Restricted Stock Units with respect to 2017 Restricted Stock Units previously awarded under the American International Group, Inc. 2013 Omnibus Incentive Plan. The 2017 Restricted Stock Units vest in January 2020, subject to the reporting person's continued employment through the vesting date, and are settled in shares of AIG Common Stock
- 2. These securities are dividend equivalent rights in the form of Restricted Stock Units with respect to Restricted Stock Units previously awarded under the American International Group, Inc. 2013 Omnibus Incentive Plan. The Restricted Stock Units vest in March 2019, subject to the reporting person's continued employment through the vesting date, and are settled in shares of AIG Common Stock on a 1 to 1

/s/ James J. Killerlane III, by POA for Robert S. Schimek

10/02/2017

\*\* 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.