FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
|--------------|
|--------------|

| OMB Number: | 3235-0287 |
|--------------------------|-----------|
| Estimated average burder | n |
| 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* Sankaran Sid | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN INTERNATIONAL GROUP INC [AIG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | mer | |
|--|---|--|---|-------------------------------------|--|---|---|--|--------|--|---|--|---|--|--|--|--|--|--|
| (Last) | (F IDEN LAN | (First) (Middle) LANE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/17/2012 | | | | | | | | X Officer (give title Other (specify below) Senior Vice President | | | | | |
| (Street) NEW YO | ORK N | ΙΥ | 10038 | | 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 | | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | · | | |
| | | 7 | able I - Non-D | eriva | tive S | ecu | ırities Acc | juired, | Disp | osed of | f, or Ber | nefici | ially C | wned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ite | nsaction h/Day/Year) | | Deemed ecution Date, ny onth/Day/Year) | Transaction Disposed Code (Instr. | | ties Acquired (A) o I Of (D) (Instr. 3, 4 a | | | | , | 6. Own Form: I (D) or I (I) (Inst | Direct Indirect Indir | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | ice | Transaction (Instr. 3 and | | | | nstr. 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 Date, if any (Month/Day/Year) | Transaction Code (Instr.) 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount Securities Underlyi Derivative Security (Instr. 3 and 4) | | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | unt or ber of es | | Transaction(s) (Instr. 4) | | | | |
| Restricted Stock Unit | \$33.46 ⁽¹⁾ | 01/17/2012 | | M | | | 991.9766 ⁽²⁾ | (3) | | (3) | Common Stock | 991. | .9766 | (4) | 5,951.8 | 595 | D | | |

Explanation of Responses:

- 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 \$24,362.95, net of applicable taxes, in settlement of stock salary based on AIG's share price on January 17, 2012.
- 3. These securities do not have an exercisable date or expiration date.
- 4. These securities do not carry a conversion or exercise price.

/s/ Kathleen E. Shannon, by POA for Sid Sankaran 01/19/2012

** Signature of Reporting Person Dat

Data

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.