FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

Check this box Section 16. For obligations may Instruction 1(b)	y continue. See	• STAT	Filed pursuar		of the Securitie	EFICIAL OWNEI es Exchange Act of 1934 apany Act of 1940	RSHII	Estin	Number: nated average burde s per response:	3235-0287 n 0.5
1. Name and Addr HURD JEFI	ess of Reporting P F <u>REY J</u>	erson*			• •	<sup>nbol</sup> NAL GROUP		tionship of Reportin all applicable) Director Officer (give title	10% C	
(Last) AMERICAN I 180 MAIDEN		(Middle) AL GROUP, INC.	3. Date 04/15/2	of Earliest Transact 2013	ion (Month/Da	y/Year)		below) Executive	below) Vice President	1
(Street) NEW YORK (City)	NY (State)	10038 (Zip)	4. If Ame	endment, Date of O	riginal Filed (N	/lonth/Day/Year)	6. Indiv X	, , , , , , , , , , , , , , , , , , ,	Filing (Check App e Reporting Perso re than One Repo	n
1. Title of Securit	y (Instr. 3)	Table I - Nor	1-Derivative S 2. Transaction Date	ecurities Acq	uired, Disp 3. Transaction	oosed of, or Benefic 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a	r	wned 5. Amount of Securities	6. Ownership	7. Nature of
			(Month/Day/Year)	if any	Code (Instr.	ווואנה (חו) (הי) (הי) (הייטייי	aiu 5j	Beneficially Owned	Form: Direct (D) or Indirect	Indirect Beneficial

Code V Amount (A) or (D) Price Transaction(s) (Instr. 3 and 4) (Instr. 4)	(Month/Day/Year)	if any (Month/Day/Year) Code (Instr. 8)			χ	,,	Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
			Code	v	Amount		Price	Transaction(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 Date, if any (Month/Day/Year)	Transaction De Code (Instr. Se 8) Ac Dis		Deri Seci Acq Disp	umber of vative urities uired (A) or posed 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)		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		Reported Transaction(s) (Instr. 4)		
Long-Term Performance Units	\$35.38 <sup>(1)</sup>	04/15/2013		М			142.7874 <sup>(2)</sup>	(3)	(3)	Common Stock	142.7874	(4)	0.0000	D	
Restricted Stock Unit	\$32.48 <sup>(1)</sup>	04/15/2013		М			731.7274 <sup>(5)</sup>	(3)	(3)	Common Stock	731.7274	(4)	0.0000	D	
Restricted Stock Unit	\$33.54 <sup>(1)</sup>	04/15/2013		М			952.348 <sup>(2)</sup>	(3)	(3)	Common Stock	952.348	(4)	0.0000	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 an aggregate amount of \$42,250.33, before applicable taxes, in settlement of fully vested LTPUs (both the portion originally granted as common stock and the hybrid portion converted into common stock on April 14, 2011).

3. These securities do not have an exercisable date or expiration date.

4. These securities do not carry a conversion or exercise price.

5. Represents the payment in cash of \$28,230.04, before applicable taxes, in settlement of stock salary based on AIG's share price on April 15, 2013.

/s/ Patricia M. Carroll, by POA 04/17/2013 for Jeffrey J. Hurd \*\* 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.