FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB APPROVAL										
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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* <u>Herzog David L</u>					2. Issuer Name and Ticker or Trading Symbol  AMERICAN INTERNATIONAL GROUP  INC [ AIG ]						(Check	tionship of R all applicabl Director Officer (gi	e)	Person(	s) to Issuer 10% Own Other (sp			
(Last) (First) (Middle) AMERICAN INTERNATIONAL GROUP, INC. 175 WATER STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/15/2014							_ X	X Officer (give title below) below)  Executive VP & CFO						
(Street) NEW YORK NY 10038				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv	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)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Trans Date (Month.)					Execution D //Day/Year) if any		Execution Date,	Code (Ins				or 4 and 5)	and 5) Securities Beneficially Following R		6. Own Form: I (D) or I (I) (Inst	Direct In ndirect B tr. 4) O	Nature of direct eneficial wnership	
								Code	v	Amount	(A) or (D)		Price	Transaction (Instr. 3 and			(11	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)	rivative Conversion Date Execution Date, Tra. curity or Exercise (Month/Day/Year) if any Cod		Transa Code (	saction be (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 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		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title		ount or ober of res		Transaction(s) (Instr. 4)			
Restricted Stock Unit	\$30.96 <sup>(1)</sup>	05/15/2014		M			2,069.8507 <sup>(2)</sup>	(3)		(3)	Common Stock	2,0	69.8507	(4)	0.000	00	D	
Restricted Stock Unit	\$30.42 <sup>(1)</sup>	05/15/2014		М			2,104.7391 <sup>(5)</sup>	(3)		(3)	Common Stock	2,1	04.7391	(4)	0.000	00	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 \$109,412.31, before applicable taxes, in settlement of stock salary based on AIG's share price on May 15, 2014.
- 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 \$111,256.51, before applicable taxes, in settlement of stock salary based on AIG's share price on May 15, 2014.

/s/ Patricia M. Carroll, by POA 05/19/2014 for David L. Herzog

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.