FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| OMB APPROVAL | | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

hours per response

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>Hancock Peter D.</u> | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN INTERNATIONAL GROUP INC [AIG] | | | | | | | all applicable Director | e) | 10% Owner | | ner | | | |
|--|--|--|--|---|--|---|--|--|--|---|---|---|--|------------------------------|--|---------------------------------------|--|
| (Last) (First) (Middle) AMERICAN INTERNATIONAL GROUP, INC. 180 MAIDEN LANE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2014 | | | | | | x | X Officer (give title Other (specify below) Executive Vice President | | | | | | |
| (Street) NEW YO | ORK N | ΝΥ | 10038 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. 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. Transpare (Month | | | Saction 2A. Deemed Execution Date. if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | rities Acquired (A) or ad Of (D) (Instr. 3, 4 and 5 | | 5. Amount of Securities Beneficially Following R Transaction | Owned (D) or I | | Direct Ir Indirect B tr. 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code V | | Amount | (A) (D) | Price | (Instr. 3 and 4) | | | | msu. 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) | e Execution Date, | Transaction Code (Instr. 8) | | 5. Number of Derivative 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 o 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) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | cpiration ate | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Restricted Stock Unit | \$33.46 ⁽¹⁾ | 01/15/2014 | | M | | | 1,785.7941 ⁽²⁾ | (3) | | (3) | Common Stock | 1,785.7941 | (4) | 0.00 | 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 \$93,057.73, before applicable taxes, in settlement of stock salary based on AIG's share price on January 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.

/s/ Patricia M. Carroll, by POA for Peter D. Hancock

01/16/2014

** 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.