FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or S | Section | on 30(h) of the | Investmer | t Con | npany Act | of 1940 | | | | | | |
|--|---|--|---|--|---|---|---------------------------|--|--------|--|--|---|--|---|--|--|-------|
| 1. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN INTERNATIONAL GROUP INC [AIG] | | | | | (Check | all applicabl Director | tor | | n(s) to Issuer 10% Owner Other (specify | | | | |
| (Last) | (F | First) | (Middle) | | | | | | | | | X | Officer (give title below) Executive | | below) | | ecily |
| AMERICAN INTERNATIONAL GROUP, INC. 175 WATER STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/17/2015 | | | | | | | Dactaire if a did | | | | | |
| (Street) NEW YO | ORK N | ΙΥ | 10038 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Indi | 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) | (\$ | State) | (Zip) | | | | | | | | | | | | | | |
| | | | Table I - Non- | -Deriv | ative | Sec | curities Ac | quired, | Disp | osed o | f, or Be | neficially O | wned | | | | |
| Date | | | Date | /lonth/Day/Year) if any | | Execution Date, | e, Transaction Dispo | | | ties Acquir d Of (D) (Ins | ed (A) or str. 3, 4 and 5) | 5. Amount of Securities Beneficially Following R | Owned eported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | 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 | Exercise ice of erivative (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 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 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 | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Restricted Stock Unit | \$34.03 ⁽¹⁾ | 08/17/2015 | | M | | | 1,883.1202 ⁽²⁾ | (3) | | (3) | Common Stock | 1,883.1202 | (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 \$121,084.63, before applicable taxes, in settlement of stock salary based on AIG's share price on August 17, 2015.
- 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 David L. Herzog

08/19/2015

** 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.