FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
•	OMB Number:		3235-028								
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87 Estimated average burden 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

						31. 00(1.)			ompany Act	0. 10 .0								
1. Name and Address of Reporting Person* FRENKEL JACOB A					2. Issuer Name and Ticker or Trading Symbol AMERICAN INTERNATIONAL GROUP							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				<u>I</u>	INC [ (AIG) ]							Directo	or (give title		10% Ow Other (si	·		
(Last) (First) (Middle)												X below)			below)	Decily		
(Last) (First) (Middle) AMERICAN INTERNATIONAL GROUP, INC.					3. Date of Earliest Transaction (Month/Day/Year)							Vice Chairman						
				12/16/2004														
70 PINE STREET				4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6.1	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					ii Ailic	marricht, i	Jaic	or Originar r in	za (Month/De	ay/ rear)	Lin		Joint Group 1	milg (C	псск дрр	licabic		
NEW YO	ORK N	Y	10270									X Form f	iled by One F	Reportin	g Person	·		
												Form f Persor	iled by More า	than Or	ne Report	ing		
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	Security (Inst	tr. 3)	2.	Transaction	1 2	2A. Deemo	ed	3.	4. Securi	ties Acquire	ed (A) or	5. Amou	nt of 6	6. Owner	ship 7	. Nature		
Date			ate Ionth/Day/Y	Execution Date, if any (Month/Day/Year)			Code (Instr.   5)		tr. 3, 4 and	Securitie Benefici		Form: Di		of Indirect Beneficial				
												ollowing (	(I) (Instr.	4) (	Ownership (Instr. 4)			
								Code V	Amount	(A) or (D)	Price	Transact	tion(s)		'			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
								s, options,				Owned						
1. Title of 2. 3. Transaction 3A. Deemed				4.					ate Exercisable and 7. Title and Am			8. Price of	9. Number o			11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date if any	Code (Ins		(Instr. Derivative		Expiration Date of Securities (Month/Day/Year) Underlying		g	Derivative Security	derivative Securities	Fo	Ownership Form:	of Indirect Beneficial			
(Instr. 3) Price of (Month/Day/				ar)   8)	Securities Acquired		Derivative Secu (Instr. 3 and 4)				(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
Security					(A) or Disposed						,	Following Reported			(I) (Instr. 4)	, ,		
					of (D) (Instr. 3, 4 and 5)							Transaction (Instr. 4)	ction(s)					
				3, 4 and 3)					Amount	-	(11150.4)							
											or							
								Date	Expiration		Number of							
				Code	V	(A)	(D)	Exercisable	Date	Title	Shares			-				
Employee Stock																		
Option (Right to	\$64.47	12/16/2004		A		10,000		(1)	12/16/2014	Common Stock	10,000	(1)	10,000		D			
Buy)																		

## **Explanation of Responses:**

1. These options were granted under AIG's 1999 Stock Option Plan. Pursuant to the terms of the plan, 25% of the option becomes exercisable on the anniversary date of the grant in each of the four years following the grant.

## Remarks:

By: /s/ Kathleen E. Shannon, by power of attorney for

12/16/2004

\*\* 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.