FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

| D.C. 20E40 | |
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| ton, D.C. 20549 | OMB APPROVAL |

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| | OMB Number: | 3235-0287 |
| | 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)

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>HURD JEFFREY J</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN INTERNATIONAL GROUP INC [AIG] | | | | | | | | 5. Relationship of Reporting Persor (Check all applicable) Director Officer (give title | | | | 10% Owi | ner |
|--|---|------------|------------------|--|--|------|--|------------------|---|--|-----------------|---|--|--|------------------------------------|--|--|-----|
| (Last) (First) (Middle) AMERICAN INTERNATIONAL GROUP, INC. 175 WATER STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015 | | | | | | | X Office (give title Office (specify below) Executive Vice President | | | | | | |
| (Street) NEW YO | ORK N | Υ | 10038 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6 | i. 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) | | | | | | | | | | | | | | | |
| | | ٦ | able I - Non-I | Deriva | tive S | Secu | rities Acc | quired, | Dis | posed o | f, or Be | neficia | lly C | wned | | | | |
| Date | | | | . Transac Date Month/Da | Execution Date, | | Transaction Disposed Code (Instr. | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | d 5) | 5. Amount Securities Beneficially Owned Follows | Form y (D) or | | Direct Ir ndirect B rr. 4) O | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) o (D) | Price | е | Reported Transaction (Instr. 3 and | | | | 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) | vative Conversion Date Execution Date, Tra rity or Exercise (Month/Day/Year) if any Co | | Transa Code (| 5. Number of Derivative Securities Acquired (A) o Disposed of (D (Instr. 3, 4 and | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | ing | | 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 Exercisa | | Expiration Date | Title | Amoun Number Shares | r of | | Transaction(s) | | | |
| Restricted Stock Unit | \$32.48 ⁽¹⁾ | 02/17/2015 | | М | | | 731.7274 ⁽²⁾ | (3) | | (3) | Common Stock | 731.72 | 274 | (4) | 0.000 | 0 | 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 \$40,237.69, before applicable taxes, in settlement of stock salary based on AIG's share price on February 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 02/19/2015 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.