FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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* WINTROB JAY S				2. Issuer Name and Ticker or Trading Symbol AMERICAN INTERNATIONAL GROUP INC [AIG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Own						
(Last) 1 SUNA	(MERICA (First) CENTER	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/18/2014							X Officer (give title below) Other (specify below) Executive Vice President					
(Street) LOS ANGELES CA 90067				4. If Amendment, Date of Original Filed (Month/Day/Year)							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-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. TransDate (Month				Saction 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5		nd 5)	5. Amount of Securities Beneficially Following R Transaction	Owned eported	6. Own Form: I (D) or I (I) (Inst	Direct II ndirect E r. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Со	de V	Amo	Amount		(A) or (D) Price		(Instr. 3 and				11501. 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	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Do Code (Instr. Se A)		Der Sec Acq Dis	umber of ivative urities uired (A) or oosed of (D) tr. 3, 4 and 5)	6. Date Exercisa Expiration Date (Month/Day/Year		ite	Securities Underly		ing	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	ve es ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	isable	Expirati Date		Title	Amoun Numbe Shares	r of		Transaction((Instr. 4)	tion(s)		
Restricted Stock Unit	\$33.46 ⁽¹⁾	02/18/2014		M			2,147.7921 ⁽²⁾	(:	(3)	(3)		Common Stock	2,147.	.7921	(4)	0.00	00	D	
Restricted Stock Unit	\$32.48 ⁽¹⁾	02/18/2014		M			2,212.5962 ⁽⁵⁾	(:	(3)	(3)		Common Stock	2,212.	.5962	(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 \$107,754.73, before applicable taxes, in settlement of stock salary based on AIG's share price on February 18, 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 \$111,005.95, before applicable taxes, in settlement of stock salary based on AIG's share price on February 18, 2014.

/s/ Patricia M. Carroll, by POA 02/20/2014 for Jay S. Wintrob

** 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.