FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

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| | OMB APPROVAL | | | | | | | | | |
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| I | OMB Number: | 3235-028 | | | | | | | | |

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

87 Estimated average burden 0.5 hours per response

2. Issuer Name **and** Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer 1. Name and Address of Reporting Person* (Check all applicable) AMERICAN INTERNATIONAL GROUP Hancock Peter D. Director 10% Owner INC [AIG] Officer (give title Other (specify below) below) (Last) (Middle) (First) **Executive Vice President** AMERICAN INTERNATIONAL GROUP, INC. 3. Date of Earliest Transaction (Month/Day/Year) 05/30/2014 175 WATER STREET 6. Individual or Joint/Group Filing (Check Applicable Line) 4. If Amendment, Date of Original Filed (Month/Day/Year) (Street) Form filed by One Reporting Person **NEW YORK** 10038 NY Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 1. Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed 5. Amount of Securities 6. Ownership Form: Direct 7. Nature of Transaction Execution Date Indirect if any (Month/Day/Year) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) (D) or Indirect (I) (Instr. 4) Beneficial Ownership (Instr. 4) (Month/Day/Year) Code (Instr. 8) (A) or (D) Code l٧ Amount Price 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 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 | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|---------------------------|--|--------------------|--|----------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Restricted Stock Unit | \$28.88 ⁽¹⁾ | 05/30/2014 | | M | | | 2,068.9983 ⁽²⁾ | (3) | (3) | Common Stock | 2,068.9983 | (4) | 0.0000 | D | |
| Restricted Stock Unit | \$28.89 ⁽¹⁾ | 05/30/2014 | | M | | | 2,444.461 ⁽⁵⁾ | (3) | (3) | Common Stock | 2,444.461 | (4) | 0.0000 | 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 \$111,870.74, before applicable taxes, in settlement of stock salary based on AIG's share price on May 30, 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 \$132,172.01, before applicable taxes, in settlement of stock salary based on AIG's share price on May 30, 2014.

/s/ Patricia M. Carroll, by POA 06/03/2014 for Peter D. Hancock

** 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.