FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number:              | 3235-0287 |  |
|--------------------------|-----------|--|
| Estimated average burden | 0.5       |  |
| hours per response:      | 0.5       |  |

| Section 16. Form 4 or Form 5<br>obligations may continue. See                |  |      |              |                    | Estimated average burden  |  |        |     |  |                |   |   |   |                                     |   |  | 0.5        |
|--|--|------|--------------|--------------------|---|--|--------|-----|--|----------------|---|---|---|-------------------------------------|---|--|------------|
| 1. Name and Address of Reporting Person*<br><u>Hancock Peter D.</u>          |  |      |              |                    |   | 2. Issuer Name and Ticker or Trading Symbol<br><u>AMERICAN INTERNATIONAL GROUP</u><br><u>INC</u> [ AIG ] |        |     |  |                |   |   | tionship of R<br>all applicabl<br>Director<br>Officer (gi   |                                     |   | (s) to Issue<br>10% Ov<br>Other (s                                 | vner       |
| (Last) (First) (Middle)<br>AMERICAN INTERNATIONAL GROUP, INC.<br>70 PINE ST. |  |      |              |                    | 3. Date of Earliest Transaction (Month/Day/Year)<br>08/13/2010  |  |        |     |  |                |   | below)<br>Exec                                      | below)<br>utive Vice President  |                                     |   |  |            |
| (Street)<br>NEW YORK NY 10270  |  |      |              |                    | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |  |        |     |  |                | 6. Individual or Joint/Group Filing (Check Applicable Line)<br>X Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |   |   |                                     |   |  |            |
| (City)   | (St  | ate) | (Zip)        |                    |   |  |        |     |  |                |   |   |   |                                     |   |  |            |
|  |  | Т    | able I - Nor | n-Deriva           | ative S   | ecurities Acq  | uired, | Dis | oosed of   | , or Ben       | nefic   | cially O  | wned  |                                     |   |  |            |
| 1. Title of Security (Instr. 3) 2. Trans<br>Date<br>(Month/                  |  |      |              |                    | action<br>Day/Year) 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) 3.<br>Transaction<br>S) 4. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>S) |  |        |     | d (A)<br>r. 3, 4   | or<br>4 and 5) | 5. Amount of<br>Securities<br>Beneficially<br>Following<br>Reported   | Form:   |   | Direct<br>Indirect<br>tr. 4)        | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership                     |  |            |
|  |  |      |              |                    |   |  | Code   | v   | Amount   | (A) or<br>(D)  | r F   | Price   | Transaction<br>(Instr. 3 and  |                                     |   |  | (Instr. 4) |
|  |  |      |              |                    |   | curities Acqu<br>IIs, warrants,  |        |     |  |                |   |   | ned   |                                     |   |  |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                          | ivative Conversion Date Execution Date,<br>urity or Exercise (Month/Day/Year) if any |      | Code         | saction<br>(Instr. | 5. Number of<br>Derivative<br>Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and<br>5)  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)   |        |     | 7. Title and Ame<br>Securities Unde<br>Derivative Secu<br>(Instr. 3 and 4) |                | derlying<br>curity  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti | re Oves Fo<br>ally Di<br>g (I)<br>d | 10.<br>Ownershij<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |
|  |  |      |              |                    |   |  |        |     | Am   | nount or       |   | (Instr. 4)  |   |                                     | 1   |  |            |

Date Exercisable

(2)

2. This award represents the portion of a grant of fully vested LPTUs that is based on the value of common stock, net of the value of 12.1239 shares withheld for taxes. The LTPUs are based on a mix of common stock and 2. This and a proceed with the formation of the transformation of the transformation and transformation and the transformation and transformation and the transformation and transformation and the transformation and the transformation and the transformation and the transformation and transformation and the transformation and transformation and the transformation and

(D)

Expiration Date

(3)

Title

Commor

Stock

Remarks:

Long-Term

Performance

Unite

\$36.67<sup>(1)</sup>

Explanation of Responses:

/s/ Kathleen E. Shannon, by POA for Peter D. Hancock

08/17/2010

533.2811

D

\*\* Signature of Reporting Person

Number of

533.2811

\$<mark>0</mark>(4)

Shares

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

1. Represents AIG's share price on the date of grant; these securities do not carry a conversion or exercise price.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

08/13/2010

3. These securities do not have an exercisable date or expiration date. 4. These securities do not carry a conversion or exercise price

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code v

Μ

(A)

533.2811(2)

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.