

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2013-01-09** | Period of Report: **2013-01-07**  
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### REPORTING OWNER

#### **DOOLEY WILLIAM N**

CIK: **1236593**

Type: **4** | Act: **34** | File No.: **001-08787** | Film No.: **13520071**

Mailing Address  
*180 MAIDEN LANE  
NEW YORK NY 10038*

### ISSUER

#### **AMERICAN INTERNATIONAL GROUP INC**

CIK: **5272** | IRS No.: **132592361** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
SIC: **6331** Fire, marine & casualty insurance

Mailing Address  
*180 MAIDEN LANE  
NEW YORK NY 10038*

Business Address  
*180 MAIDEN LANE  
NEW YORK NY 10038  
2127707000*

# FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL                                |            |
|---|------------|
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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

|  |         |          |  |  |  |  |  |  |
|--|---------|----------|--|--|--|--|--|--|
| 1. Name and Address of Reporting Person<br><b>DOOLEY WILLIAM N</b> |         |          | 2. Issuer Name and Ticker or Trading Symbol<br><b>AMERICAN INTERNATIONAL GROUP<br/>INC [AIG]</b> |  |  | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>____ Director _____ 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below)<br><b>Executive Vice President</b> |  |  |
| (Last)   | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)<br><b>01/07/2013</b>                            |  |  |  |  |  |
| <b>AMERICAN INTERNATIONAL GROUP, INC., 180<br/>MAIDEN LANE</b>     |         |          | 4. If Amendment, Date Original Filed(Month/Day/Year)   |  |  | 6. Individual or Joint/Group Filing<br>(Check applicable line)<br><input checked="" type="checkbox"/> Form Filed by One Reporting Person<br>____ Form Filed by More than One Reporting Person  |  |  |
| (Street)<br><b>NEW YORK, NY 10038</b>                              |         |          |  |  |  |  |  |  |
| (City)   | (State) | (Zip)    |  |  |  |  |  |  |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |            | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|---|--|---|
|                                 |                                      |  | Code                           | V | Amount  | (A) or (D) |   |  |   |
|                                 |                                      |  |                                |   |   |            |   |  |   |

**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. Transaction Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | 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 Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: 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 |  |  |  |  |
| Restricted Stock Unit                      | \$30.12 <sup>(1)</sup>                                 | 01/07/2013                           |  | M                              |   | 890.9589 <sup>(2)</sup>   |     | (3)  | (3)             | Common Stock  | 890.9589 <sup>(4)</sup>    |  | 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 \$32,012.15, before applicable taxes, in settlement of stock salary based on AIG's share price on January 7, 2013.
3. These securities do not have an exercisable date or expiration date.
4. These securities do not carry a conversion or exercise price.

**Signatures**

/s/ Patricia M. Carroll, by POA for William N. Dooley

\*\* Signature of Reporting Person

01/09/2013

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.**