1. Name and Address of Reporting Person
PURCELL PHILIP J
4333 AMON CARTER BLVD.
FORT WORTH TX  76155

2. Issuer Name and Ticker or Trading Symbol
AMR CORP [ AMR ]

3. Date of Earliest Transaction (Month/Day/Year)
03/31/2009

4. If Amendment, Date of Original Filed (Month/Day/Year)
04/01/2009

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
X Director
10% Owner
Officer (give title below)
Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
X Form filed by One Reporting Person
Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Deemed Execution Date, if any (Month/Day/Year)</th>
<th>Transaction Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phantom Stock Units(1)</td>
<td>03/31/2009</td>
<td>A</td>
<td>309.59</td>
<td>(3)</td>
<td>(3)</td>
<td>Common Stock</td>
<td>309.59</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Phantom stock units are deferred compensation. Fees are converted into PSUs based on the average market value of AMR common stock during the deferral month. Exercise/expiration dates are determined at retirement.
2. The price will be determined upon the Director's cessation of service on the Board.
3. Exercise/expiration dates of Phantom Stock Units are determined upon the Director's cessation of service on the Board.

Remarks:
Kenneth W. Wimberly, Power of Attorney 05/01/2009
** Signature of Reporting Person **

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).
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.