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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL

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

| 1. Name and Address PARKER W I | 1 0 | 'n* | 2. Issuer Name and Ticke American Airline | r or Trading Symbol S Group Inc. [AAL] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|-----------------------|----------|---|---|-----------------|---|-------------------------------------|--|--|--|--|--|
| FAILER W | JUUGLAS | | | · · · · · | X | Director | 10% Owner | | | | | |
| (Last) 4333 AMON CA | (First) RTER BLVD. | (Middle) | 3. Date of Earliest Transa 04/25/2019 | ction (Month/Day/Year) | X | Officer (give title below) Chairman | Other (specify below) and CEO | | | | | |
| (Street) | | | 4. If Amendment, Date of | Original Filed (Month/Day/Year) | 6. Ind Line) | ividual or Joint/Group F | iling (Check Applicable | | | | | |
| FORT WORTH | TX | 76155 | | | X | Form filed by One F | Reporting Person | | | | | |
| (City) | (State) | (Zip) | | | | Form filed by More Person | than One Reporting | | | | | |
| 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) | Date, Transaction Code (Instr. | | 4. Securities A Disposed Of (| | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-----------------------------------|---|----------------------------------|---------------|---------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 04/25/2019 | | F | | 14,667(1) | D | \$33.41 | 2,151,636 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 7. Title and 6. Date Exercisable and 8. Price of Derivative 3. Transaction 3A. Deemed 4 5. Number 9. Number of 10. 11. Nature Expiration Date (Month/Day/Year) Amount of Securities Conversion Execution Date Transaction derivative Ownership of Indirect Date of (Month/Day/Year) Derivative or Exercise if anv Code (Instr. Security Securities Form: Beneficial Price of Derivative (Month/Day/Year) 8) Securities Underlying (Instr. 5) Beneficially Direct (D) Ownership (Instr. 4) Acquired Derivative Owned or Indirect

| Security | | | | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | and 4) | | | Reported Transaction(s) (Instr. 4) | (I) (INSTR. 4) | |
|----------|-----|------|---|-----|--|---------------------|--------------------|-------|--|--|--|--|----------------|--|
| | Cod | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. Title of

Derivative

(Instr. 3)

1. Shares withheld by the issuer to cover applicable withholding taxes related to the vesting of restricted stock units.

Caroline B. Ray/Power of Attorney

04/29/2019

** 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.