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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 |
| 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 Estimated average burden hours per response: 0.5

| 1. Name and Addres | 1 0 | Person* | | er Name and Ticke erican Airline | 0 | , | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|------------------------|--|----------------|-------------|--|----------------------------|--------------------------|--|-------------------------------|-------------------|---------------|--|--|
| Isom Robert | <u>D Jr</u> | | | | <u>s Group n</u> | <u>IC.</u> [AAL] | | Director | 10% 0 | Owner | | |
| (I t) | | (1.4:-1-11-) | 3. Date | e of Earliest Transa | action (Month/E | Day/Year) | x | Officer (give title below) | Other below | (specify) | | |
| (Last) 4333 AMON CA | (First) ARTER BLVD. | (Middle)). | | /2018 | , , , , , , , , , , | - , , | | Pre | | | | |
| (Street) | | | 4. If Ar | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) | ridual or Joint/Grou | p Filing (Check A | Applicable | | |
| FORT WORTH | ТХ | 76155 | | | | | X | Form filed by On | e Reporting Pers | son | | |
| (City) | (State) | (Zip) | | | | | | Form filed by Mo Person | re than One Rep | orting | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| | (In a tr 2) | 2 | Transaction | 24 Deemed | 2 | 4 Securities Acquired (A |) or | E Amount of | 6 Ownership | 7 Noturo | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Ition Date, Transaction Code (Instr. 5 | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | 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) | ansaction(s) | |
| Common Stock | 05/22/2018 | | S | | 10,000 ⁽¹⁾ | D | \$45 | 646,205 | 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. Transa Code (8) | | of Ex | | 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: 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 | | | | |

Explanation of Responses:

1. This sale is pursuant to a written plan for trading securities that complies with the requirements of Rule 10b5-1(c)(1) under the Securities Exchange Act of 1934, as amended.

Caroline B. Ray/Power of

<u>Attorney</u>

05/22/2018

** 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.