FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

| STATEMENT | OF C | HANGES | IN BENE | EFICIAL | OWNERS | SHIP |
|-----------|------|--------|---------|---------|---------------|------|

| OMB APPR | ROVAL | | | | | | | | |
|-----------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average but | rden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | nd Address of MATTHE | Reporting Person* | | | | r Name an CORP | | er or Tradi | ng S | ymbol | | (Che | elationship of ck all applica | ıble) | Perso | , | |
|---|--|--|---|---|---|--|--------|--|------------------------|---|-----------------|---|--|---|--|--|----------|
| (Last) | | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2009 | | | | | | Officer (below) | give title | | 10% Ow Other (s _l below) | | | |
| (Street) FORT W (City) | | X tate) | 76155 (Zip) | 4. | . If Ame | endment, C | Date o | f Original F | Filed (| (Month/Da | ıy/Year) | Line | Form file | ed by One I | Repor | Check Appl ting Person One Reporti | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | е | extion 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | Beneficial Owned Fo | ly | Form: | Direct Indirect Etr. 4) | 7. Nature of ndirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) c (D) | Price | Reported Transaction (Instr. 3 au | | | | nstr. 4) |
| | 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 | is Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisab | | expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Phantom Stock Units ⁽¹⁾ | \$0 ⁽²⁾ | 02/02/2009 | | A | | 1,364.63 | | (3) | | (3) | Common Stock | 1,364.63 | \$0 | 25,897. | 75 | D | |

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 02/03/2009 **Attorney**

** 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).
- ** 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.