1. Name and Address of Reporting Person
   Aiyar Priya
   (Last) (First) (Middle)
   C/O AMERICAN AIRLINES GROUP INC.
   1 SKYVIEW DRIVE
   FORT WORTH  TX  76155

2. Issuer Name and Ticker or Trading Symbol
   American Airlines Group Inc. [ AAL ]

3. Date of Earliest Transaction (Month/Day/Year)
   12/12/2022

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

5. Relationship of Reporting Person(s) to Issuer
   Director
   EVP Chief Legal Officer

6. Individual or Joint/Group Filing (Check Applicable Line)
   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>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Acquired Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>12/12/2022</td>
<td></td>
<td>V</td>
<td>A</td>
<td>110,915(1)</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

1. Restricted Stock Unit award that vests over three years, with 33.33 percent of the grant vesting based on continued service through the first anniversary of the grant date, 33.33 percent of the grant vesting based on continued service through the second anniversary of the grant date, and 33.33 percent of the grant vesting based on continued service through the third anniversary of the grant date.

Explanation of Responses:

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.

Caroline B. Ray, with Power of Attorney
12/14/2022
** Signature of Reporting Person Date