Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|-----------|
| | • |

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| 1 | hours per response: | 0.5 | | | | | | | |

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

| 1. Name and Address of Reporting Person* ROBINSON RAY M | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMR CORP [AMR] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|--|---|--------|---|---|----------|--------|---|------------|---|-----------------|---|--|---|--|--------------------------|--|--|--|
| (Last) (First) (Middle) 4333 AMON CARTER BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2009 | | | | | | | | | er (giv | r (give title | | Other (specify below) | | |
| (Street) FORT W (City) | ORTH T | tate) | 76155 (Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | 1 | | | | | | | |
| | | Tab | le I - Nor | 1-Deri | /ative | e Se | curities | s Ac | quired, | Dis | posed c | of, or Be | neficia | lly Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/I | | | | | | Execution Date, | | Code (| ansaction Disposed ode (Instr. 5) | | ties Acquir d Of (D) (Ins (A) or (D) | str. 3, 4 an | Beneficiall Owned Fol Reported Transactio | | s Form (D) o ollowing (I) (Ir on(s) | | Direct Indirect Istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | <u> </u> | Amount (D) | | File | (Instr | 3 and | and 4) | | | | | |
| | | - | Γable ΙΙ - | | | | | | | | osed of, converti | | | y Owne | b | | | | | |
| 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) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | е | of Securities | | 8. Price Derivati Security (Instr. 5) | de Se Be Ov Fo Re | Number of the control | e s llly | 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 | 1 | | | | | | |
| Phantom Stock Units ⁽¹⁾ | \$0 ⁽²⁾ | 07/01/2009 | | | A | | 218.81 | | (3) | | (3) | Common Stock | 218.8 | . \$0 | | 18,693.45 | 5 | 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
- 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

07/01/2009

** 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.