SEC Form 4

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

OMB APPROVAL

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

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

| | | D * | 2 19 | suer Name and Tic | ker or Trading | Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
|--|---------|------------|------|----------------------------------|------------------|--------------------|---|----------------------------|-----------------|---------------|--|--|--|
| 1. Name and Address of Reporting Person* | | | | nerican Airlin | 0 | , | (Check all applicable) | | | | | | |
| <u>Smith Gregory D</u> | | | | | | | X | Director | 10% 0 | Owner | | | |
| (Last) 1 SKYVIEW | (First) | (Middle) | | ate of Earliest Trans 18/2022 | saction (Month | /Day/Year) | | Officer (give title below) | Other below | (specify) | | | |
| | | | | Amendment, Date | of Original File | d (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | 0 | | Line) | | | | | | |
| FORT WORT | гн тх | 76155 | | | | | X | Form filed by On | e Reporting Per | rson | | | |
| | | | _ | | | | | Form filed by Mo Person | re than One Re | porting | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | |
| 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) | Transaction Code (Instr. | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--|-----------------------------|--|------------------------------------|---|----------|---|---|---|
| | | Code V Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | | | |
| Common Stock | 01/18/2022 | | A | | 3,260 ⁽¹⁾ | A | \$0.0000 | 3,260 | D | |
| Common Stock | | | | | | | | 140 | Ι | By Family Trusts |

 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) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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. Restricted stock units will vest fully upon the next annual meeting of stockholders following the grant date, subject to the continued service of the reporting person through the vesting date

<u>/s/ Caroline B. Ray, attorney-</u> <u>in-fact</u> <u>01/20/2022</u>

** 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.