FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington. | D.C. | 20549 | |
|-------------|------|-------|--|

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

| l | UNIB APPRO | VAL | | | | |
|---|-------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| | Estimated average burde | en | | | | |
| | 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

| 1. Name and Address of Reporting Person* <u>MILES MICHAEL A</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol AMR CORP [AMR] | | | | | | | | | ck all applic | , | | on(s) to Iss 10% Ov | | |
|---|---|------------|---|-------------------------------------|--|---|------------|--------------|----------------------|--|--------------------|--|---|------------------------|---|---|---|--|---------------------------------------|
| (Last) 4333 AM | (F ION CART | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2005 | | | | | | | | | Officer below) | (give title | | Other (sbelow) | specify |
| (Street) FORT W (City) | | | 75261-961 (Zip) | 16 | 4. If | f Ame | endment, I | Date o | f Original F | -iled | (Month/Da | ay/Year) | | 6. In Line) | Form fi | led by One led by Mor | Repo | (Check Ap rting Perso One Repo | n |
| | | Tab | ole I - Nor | n-Deriv | ative | e Se | curities | s Ac | quired, | Dis | oosed o | f, or B | enef | iciall | y Owned | | | | |
| Date | | | Date | Transaction te onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 5. Amour Securitie Beneficia Owned F Reported | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | | | 21,399 | | | D | | |
| | | - | Table II - | | | | | | uired, D , option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution I if any (Month/Day | Date, | | nnsaction of de (Instr. Der Sec Acc (A) Dis of (| | of E | | 5. Date Exercisable a Expiration Date Month/Day/Year) | | nnd 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ow For Dire or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | , | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | or Nu of | nount mber ares | | | | | |
| Phantom Stock Units ⁽¹⁾ | \$0 ⁽²⁾ | 05/31/2005 | | | A | | 171.82 | | (3) | | (3) | Commor Stock | 17 | 1.82 | \$0 ⁽²⁾ | 7,416.0 | 51 | 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 at retirement.
- 3. Exercise/expiration dates of Phantom Stock Units for deferred compensation are determined at retirement.

Remarks:

Charles D. MarLett, Power of **Attorney**

06/02/2005

** 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.