FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIA	AL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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*  BRENNAN EDWARD A					2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DREINIAN EDWARD A											X Directo	r	10% Own		ner			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/02/2004						$\neg$	Officer below)	(give title		er (sp ow)	ecify		
400 NORTH MICHIGAN AVENUE, SUITE 400				1 -	00/02/2004													
100 1.01.111 MIGHIGHA TIVELLOL, OOHL 400													C. Individual or Joint/Croup Filips (Charle Are list Lis					
(Street)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
CHICAC	GO IL		60611										X Form fi	led by One F	Reporting P	erson		
											Form fi Person	filed by More than One Reporting n						
(City)	(SI	ate)	(Zip)															
		Tala	la I. Nami	Davissatis			- ^ -	anning d. D			f a Da			1				
		ı an	le I - Non-	Derivativ	/e Se	curities	S AC	quirea, D	ispo	sea o	t, or Bei	петісіаі	y Owned	l .				
Date				Execution Date,			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4					s F	6. Ownershi Form: Direc	0	7. Nature of Indirect			
(Mont				Month/Day/		if any (Month/Day/Year		Code (Instr. 5) ar) 8)				Beneficia Owned F Reported	ollowing	D) or Indire l) (Instr. 4)	0	Beneficial Ownership (Instr. 4)		
							Code V	/ A	Amount	(A) or (D)	Price	Transact	ion(s)		"	(111301.44)		
		-	Fabla II D		Caa		Λ	uirad Dia			or Done	eficially.	Ourrand					
		l	Fable II - De e)					, options					Owned					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numl	oer	6. Date Exer	cisable	le and	7. Title and	d Amount	8. Price of	9. Number o	of 10.		11. Nature	
Derivative Security (Instr. 3)	Conversion Date Execution Date or Exercise (Month/Day/Year) if any (Month/Day/Year)		ate, Trans Code	action (Instr.	of E Derivative ( Securities		Expiration Date of Securities (Month/Day/Year) Underlying Derivative Secu			ies g Security	Derivative Security (Instr. 5)	derivative Securities Beneficially	Owner Form: Direct	Ownership of Form: E Direct (D)	of Indirect Beneficial Ownership			
Derivative Security						Acquired (A) or		(Instr. 3 and 4)			ıa 4)		Owned Following Reported		or Indirect (I) (Instr. 4)	(Instr. 4)		
					of (D) (Instr. 3, 4 and 5)							Transaction(s)	n(s)					
					$\top$							Amount						
					1							or Number						
					1			Date		oiration		of						
				Code	V	(A)	(D)	Exercisable	Date	:e	Title	Shares						
Phantom Stock Units <sup>(1)</sup>	(2)	05/28/2004		A		178.73		(3)		(3)	Common stock	178.73	(2)	39,234.06	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 at retirement.
- 3. Exercise/expiration dates of Phantom Stock Units for deferred compensation are determined at retirement.

## Remarks:

/s/ Charles D. MarLett, by POA 06/02/2004

\*\* 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.