FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	en				
l	hours per response:	0.5				

	Check this box if no longer subject to								
\neg	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* ROBINSON RAY M							2. Issuer Name and Ticker or Trading Symbol AMR CORP [AMR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
KODINSON KAT W																or		10% Ov	vner			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/20/2009									Officer below)	(give title		Other (s below)	specify			
4333 AMON CARTER BLVD.																						
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)												X Form filed by One Reporting Person										
FORT WORTH TX 76155			76155										Form filed by More than One Reporting									
																Person						
(City) (State) (Zip)																						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transact							2A. Deem					ities Acquir							7. Nature of Indirect			
Date (Month/Da					ay/Ye				Code (Instr. 5)			Str. 3, 4 a	na	Securitie Benefici	ally (D) o		or Indirect	Beneficial				
						- [(Month/Day/Yea		ır) 8)					Reporte					Ownership (Instr. 4)			
								Code	٧	Amount	(A) or (D)		•	Transac (Instr. 3	tion(s) and 4)							
Table II - Derivati							ve Securities Acquired, Disposed of, or Benefici									ally Owned						
									s, option													
1. Title of	e of 2. 3. Transaction 3A. Deemed						5. Number		6. Date Exercisabl		ıble and	e and 7. Title and		8. Price of		9. Number of		10.	11. Nature			
Derivative Security	Conversio or Exercise		Execution D		ransa Code (l				Expiration Day (Month/Day/Ye		r)	Amount of Securities		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial			
(Instr. 3)	Price of	(MOIIII/Day/Tear)	(Month/Day		8)		Securi	ties	(WOITHINDA)	yrıca	',	Underlying		(In	str. 5)	Beneficially		Direct (D)	Ownership			
	Derivative Security	`					Acquired (A) or		Derivative Section (Instr. 3 and 4)					irity		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)			
							Dispos of (D)	sed								Reported Transaction(s)						
						(Instr. 3, 4 and 5)									(Instr. 4)							
				⊢	\vdash		1			\neg			Amour	-								
													or Numbe									
						l			Date		xpiration		of	'								
				°	Code	V	(A)	(D)	Exercisable	e D	ate	Title	Shares	_								
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	07/20/2009			A		3,320		(3)		(3)	Common Stock	3,320		\$0	22,013.4	15	D				

Explanation of Responses:

- 1. Phantom stock units are granted annually pursuant to the Director's Unit Incentive Plan, as amended. The cash value of the units will be distributed upon the director's cessation of service on the Board.
- 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

07/21/2009

** 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.