FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

| ngton, D.C. 20549 | OMB APPROVA |
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| ······································ | OMB APPROVAL | | |
|--|------------------------|--------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0 | |
| OTAL EMERT OF STATISES IN BEITEI TOTAL OWNERSHIP | Estimated average burg | don | |

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* KRONICK SUSAN D | | | | | | American Airlines Group Inc. [AAL] | | | | | | | | | k all app Dired | olicable) ctor | | Owner | |
|---|--|--|---------------------|--|-----------|---|---|--|---|---|--------------------|--------------------|---|---|---|---|---|------------------|--|
| (Last) 4333 AM | ast) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2019 | | | | | | | | | Offic belov | er (give title w) | Othe belov | r (specify v) | |
| (Street) FORT W | ORTH T | | 76155 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | Forn Forn | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| | | | | 2. Transaction Date (Month/Day/Year) | | Ex) if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | and 5) Secu Bene | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | action(s) 3 and 4) | | (, | |
| Common Stock | | | | 06/12/ | 6/12/2019 | | | | A | | 4,823(1) | 1) A S | | 0.0000 | 17,734 | | D | | |
| | 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) | Derivative Conversion Date Execution D Security or Exercise (Month/Day/Year) if any | | n Date, Transaction | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Der Ser (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Numb of Share | er | | | | | |

Explanation of Responses:

1. Restricted stock units will vest fully upon the earlier of June 12, 2020, or the next annual meeting of stockholders following the grant date, subject to the continued service of the reporting person through the vesting date.

> Caroline B. Ray/Power of <u>Attorney</u>

06/13/2019

** 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.