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Cox L Kevin	L											
Form 4	2012											
February 01,	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi				B ,	210120				Expires:	January 31,		
if no long subject to		EMENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	2005			
Section 16. S				SECUR	SECURITIES					Estimated average burden hours per		
	Form 4 or								response	0.5		
Form 5 obligation	.						-	e Act of 1934,				
may cont	inue. Section 1			•	•	· ·	•	1935 or Section	1			
See Instru	iction	50(II)	of the In	vestment	Compan	iy Ac	1 01 194	0				
1(b).												
(Print or Type F	Responses)											
Cox L Kevin Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
				~		~ ~ ~ ~		Issuer				
	AMERI	CAN EX	PRESS		AXPJ	(Check all applicable)						
(Last)	(First)	(Middle)		Earliest Tr	ansaction							
				Day/Year)				Director 10% Owner X Officer (give title Other (specify				
3 WORLD FINANCIAL 01 CENTER, 200 VESEY ST,				01/31/2012				below) below)				
	N EXPRESS T							EVP, H	Iuman Resourc	es		
	(Street)		4 If Ama	ndmant Da	ta Origina	1		6 Individual or Ia	int/Group Filin	or (Chaola		
· · · · · · · · · · · · · · · · · · ·			ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
							X Form filed by One Reporting Person					
NEW YORI	K, NY 10285							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	T 11		•	c	• •					
							_	uired, Disposed of		-		
1.Title of Security	2. Transaction D (Month/Day/Yea		med on Date, if	3. Transactio	4. Securi			5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(Wolding Day) 100	any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Beneficially	(D) or	Beneficial		
		(Month/	Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	01/31/2012			F <u>(1)</u>			\$	07.015	D			
Stock	01/51/2012			1.(-)	1,363	D	50.14	97,015	D			
Common								40 (2)	T	by 401(k)		
Stock								49 <u>(2)</u>	Ι	Trust		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Directo	10% Owner	Officer	Other					
Cox L Kevin 3 WORLD FINANCIAL CENTER 200 VESEY ST, AMERICAN EXPRESS NEW YORK, NY 10285	TOWER		EVP, Human Resources						
Signatures									
/s/ Michael G. Kuchs, attorney-in-fact	02/01/2012								

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) The reported disposition represents the surrender of shares to satisfy tax obligations arising from the vesting of a Restricted Stock Award.
- (2) Shares held in reporting person's account under the Company's Retirement Savings Plan. This plan uses unit accounting, and the number of shares that a participant is deemed to hold varies with the unit price of the Company pooled stock fund.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.