Edgar Filing: AMERICAN EQUITY INVESTMENT LIFE HOLDING CO - Form 4

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| AMERICAN Form 4 February 26, 2 | EQUITY INVES | TMENT L | IFE HO | OLDING | СО | | | | | | |
| FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | 4 UNITED S box s box s STATEM 5. Filed purs Section 17(a | ENT OF C | Wasl CHAN(etion 16 blic Uti | hington, GES IN I SECUR (a) of the lity Hold | D.C. 205 BENEFI ITIES e Securiti ling Com | 5 49 CIAI es Ex pany | L OW Kchang Act o | COMMISSION NERSHIP OF ge Act of 1934, of 1935 or Sectio 40 | OMB Number: Expires: Estimated a burden hou response | irs per | |
| (Print or Type R | esponses) | | | | | | | | | | |
| RICHARDSON DEBRA J Symbol AMERIC INVEST CO [AE] | | | 2. Issuer Name and Ticker or Trading mbol MERICAN EQUITY VESTMENT LIFE HOLDING O [AEL] Date of Earliest Transaction | | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>X</u> Director 10% Owner X_ Officer (give title Other (specify | | | |
| (Month/D | | | Ionth/Day/Year) 2/24/2015 | | | | | below) below) Executive VP & Secretary | | | |
| Filed(Mont | | | | Amendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| WEST DES | MOINES, IA 502 | 200 | | | | | | Person | | 1 0 | |
| (City) | (State) (2 | Zip) | Table | I - Non-D | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | Code (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, Amount | (A) o of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/24/2015 | | | А | 1,723 (1) | A | \$0 | 226,521 | D | | |

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.

 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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and unt of rlying ities . 3 and 4) | 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 | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|--------------------------------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| RICHARDSON DEBRA J 6000 WESTOWN PARKWAY WEST DES MOINES, IA 50266 | Х | | Executive VP & Secretary | | | | |

Signatures

| Debra J. | |
|-----------------------|------------|
| Richardson | 02/26/2015 |
| <u>**Signature of</u> | 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) An award of restricted stock pursuant to the American Equity Investment Life Holding Company 2009 Employee Incentive Plan that vests on the third anniversary of the date of grant.

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.