FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|-----------|
| | | | |

OMB APPROVAL OMB Number: 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* Samuelson Scott A. | | | | Al | 2. Issuer Name and Ticker or Trading Symbol AMERICAN EQUITY INVESTMENT LIFE HOLDING CO [AEL] | | | | | | | | | 5. Relationship of Reporting F (Check all applicable) Director Officer (give title | | | | 10% C | wner | | |
|--|---|-----------------|------------------------------|--------------------------------|---|---|---|---|------|--|----------|---------------------|---|---|--|--|---|------------|------|------------|--|
| (Last) 6000 WE | (Fii | rirst) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019 | | | | | | | | | | X | Officer (give title Other (specify below) below) Vice President-Controller | | | | |
| (Street) WEST D MOINES (City) | i IA | | 50266 Zip) | | 4. If | f Ame | nendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv Line) X | 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 | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | Execution D ny/Year) if any | | ecution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | and Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | r _{Pri} | се | Transa | eported ansaction(s) istr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/2 | | | | 02/28 | /2019 | 2019 | | | | A | | 6,588 ⁽¹ | 1) | A | | \$0 | | 23,708 | | D | |
| Common Stock 02/ | | | | 02/28 | /2019 | 2019 | | | | F | | 2,000 | | D | \$3 | \$31.65 | | 21,708 | | D | |
| Common Stock 02, | | | 02/28 | 2019 | | | | | A | | 967(2) | | A | | \$0 | | 22,675 | | D | | |
| Common Stock | | | | | | | | | | | | | | 7,614 | | | I | By ESOP | | | |
| 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) | ivative conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | (Instr | on of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratio (Month/D | on Date | | | <u> </u> | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | (((| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

- 1. An award of restricted stock units pursuant to the American Equity Investment Life Holding Company 2016 Employee Incentive Plan that vested and converted into shares of common stock.
- 2. An award of restricted stock units pursuant to the American Equity Investment Life Holding Company 2016 Employee Incentive Plan that vests on the third anniversary of the date of grant.
- 3. Reflects ESOP allocations that have occurred since the date of the reporting person's last ownership report.

Remarks:

Renee D. Montz, by Power of <u>Attorney</u>

03/04/2019

** 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.