FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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* Chapman Steven Glen (Last) (First) (Middle) 5000 WESTOWN PARKWAY (Street) WEST DES MOINES IA 50266 | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN EQUITY INVESTMENT LIFE HOLDING CO [AEL] 3. Date of Earliest Transaction (Month/Day/Year) 09/17/2008 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) X Form filed by One | | | 10% Owner Other (specify below) p Filing (Check Applicable e Reporting Person re than One Reporting | |
|--|---|----|-------------------------------|--|--|--|---|--|--------------|---|---------------------|--------------------------------------|------------|----------|--|--|--|--|--|---|
| (City) | (St | | Zip) | | <u> </u> | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | tion 2A. Deemed Execution Date, | | | 3. Transa | 4. Securit Disposed e (Instr. | | ies Acquired (A) of (D) (Instr. 3, 4 | | (A) or | 5. Am Secur Benef Owne Report Trans | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock 09/17. | | | | | | 2008 | | | P | | 2,500 | | A | \$8 | 88.7 | | 2,500 | D | | |
| Common Stock 09/17/ | | | | | | 2008 | | | P | | 78 | | A | \$8.4976 | | 2,578 | | D | | |
| Common Stock 09/17 | | | | | | /2008 | | | P | | 4,922 | | A \$ | | .5 | 7,500 | | 500 D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | ned | • | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Date (Month/Day/Year) If any (Month/Day/Year) If Any (Month/Day/Year) Security | | 4. Transa Code (I 8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5 | rative rities ired r osed) : 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | nstr. 3 nount mber | unt ber | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owne Form Direc or Inc (I) (In | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Debra J. Richardson, By Power of Attorney

** 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.