UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF
SECURITIES

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
Rempell Michael R

2. Issuer Name and Ticker or Trading Symbol
AMERICAN EAGLE OUTFITTERS INC [ AEO ]

3. Date of Earliest Transaction (MM/DD/YYYY)
6/1/2020

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
_____ Director _____ 10% Owner
X Officer (give title below) Other (specify below)

EVP, Chief Operations Officer

6/1/2020

Common Stock, without par value
6/1/2020

M
7792.0000
A
0.0000
163130.0000

Common Stock, without par value
6/1/2020

F
2647.0000
D
9.8900
160483.0000

Explanation of Responses:
(1) Total includes shares acquired pursuant to the American Eagle Outfitters, Inc. Employee Stock Purchase Plan.
(2) The dividend equivalent rights accrued on previously awarded restricted stock units (RSUs) which vest proportionately with the RSUs to which they relate.
Each dividend equivalent right is the economic equivalent of one share of American Eagle Outfitters common stock.
(3) Each restricted stock unit represents a contingent right to receive one share of American Eagle Outfitters common stock.
(4) The restricted stock units vest in three equal annual installments beginning on the first anniversary of the date of grant.

Reporting Owners

Reporting Owner Name / Address
Rempell Michael R
AMERICAN EAGLE OUTFITTERS, INC. 401 5TH AVE. NEW YORK, NY 10016

Relationships
Director 10% Owner Officer Other
EVP, Chief Operations Officer

Signatures

Signature of Reporting Person
Date

[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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).


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 control number.