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
Siegal Stacy
77 HOT METAL STREET
PITTSBURGH, PA 15203

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

3. Date of Earliest Transaction (MM/DD/YYYY)
3/26/2019

4. If Amendment, Date Original Filed

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

EVP and General Counsel

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Trans. Date</th>
<th>Trans. Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option - Right to Buy</td>
<td>3/26/2019</td>
<td>A</td>
<td>31797.0000</td>
<td>31797.0000</td>
<td>D</td>
<td>V (A) or (D)</td>
</tr>
</tbody>
</table>

Explanation of Responses:
(1) Option vests 1/3 per year beginning on the first anniversary of the date of grant.

Reporting Owners

Siegal Stacy
77 HOT METAL STREET
PITTSBURGH, PA 15203

Relationships
Director 10% Owner Officer Other

Signatures
** 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).

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.