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 I | hurden | | | | | | | | |

0.5

hours per response:

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* FINGER LARRY E | | | | | | 2. Issuer Name and Ticker or Trading Symbol American Assets Trust, Inc. [AAT] | | | | | | | | | Check all | ship of Reportii applicable) irector | ., | Person(s) to Issuer 10% Owner Other (specify below) | |
|--|---|--|---|--------|--|---|------------------|--|------------|--|---------------|--|---|--|---|---|---|---|--|
| (Last) (First) (Middle) C/O AMERICAN ASSETS TRUST, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2011 | | | | | | | | | | fficer (give title elow) | | | |
| 11455 EL CAMINO REAL, SUITE 200 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SAN DIEGO CA 92130 | | | _ | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) (. | Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | Execution Date, | | Code | Transaction Disposed Of (D) (Code (Instr. 5) | | | | | nd Se Be Ow | Amount of curities neficially ned Following ported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tra | nsaction(s) str. 3 and 4) | | (msu. 4) | | | |
| Common Stock, par value \$0.01 01/19/ | | | | 9/2011 | /2011 | | J ⁽¹⁾ | | 200 | | A | \$20 | 0.5 | 200 | D | | | | |
| Common Stock, par value \$0.01 01/19/ | | | | 9/2011 | /2011 | | | A ⁽²⁾ | | 1,951 | | A | \$0 | | 2,151 | D | | | |
| 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) | 3A. Deeme Execution if any (Month/Da | Date, | Code (Instr | | n of | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivati Security (Instr. 5) | | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | nber | | | | | | | | |

Explanation of Responses:

- 1. Shares acquired pursuant to a Directed Share Program in connection with the initial public offering of common stock of American Assets Trust, Inc.
- 2. Shares of restricted common stock issued to the Reporting Person as a non-employee director pursuant to the American Assets Trust, Inc. and American Assets Trust, L.P. 2011 Equity Incentive Award Plan.

/s/ Adam Wyll, Attorney-infact

01/19/2011

** 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.