Form **8937**(December 2017) Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting I	ssuer				
1 Issuer's name		2 Issuer's employer identification number (EIN)			
American Assets Trust, Inc	Service and the service and th	27-3338708			
3 Name of contact for additional information 4			ne No. of contact	5 Email address of contact	
Robert F. Barton			858-350-2600	info@americanassets.com	
6 Number and street (or P	O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact			
11455 El Camino Real, Suit	te 200	San Diego, CA 92130			
8 Date of action		9 Clas	sification and description		
Mariana and Halland		Commo	n Stock		
Various-see #14 below 10 CUSIP number	11 Serial number	13,313,000	12 Ticker symbol	13 Account number(s)	
		V-7	32.77 (00.000000.0000000000000000000000000		
024013104			AAT		
				e back of form for additional questions.	
				e against which shareholders' ownership is measured for	
			d profits were made on the f	ollowing dates:	
March 29, 2018; June 28, 2	018; September 27	, 2018; Dece	mber 27, 2018.		
15 Describe the quantitat	ive effect of the orga	anizational ac	tion on the basis of the securi	ity in the hands of a U.S. taxpayer as an adjustment per	
share or as a percenta					
March 29, 2018: Dist	tribution per share	\$0.27, which	included return of Capital p	per share \$0.010430	
			included return of Capital p		
			included return of Capital p		
December 27, 2018: Dist	tribution per share	\$0.28, which	included return of Capital p	per share \$0.010816	
2					
16 Describe the calculation	on of the change in I	hasis and the	data that supports the calcula	ation, such as the market values of securities and the	
				inst and reduce the adjusted basis of stock.	
	and and an excess	o or carring	and promo dro approving		
7.					

Part	Ш	Organizational Action (contin	ued)		
17 L	ist the	applicable Internal Revenue Code se	ection(s) and subsection(s) upon whi	ch the tax treatment is based ▶	Section 301
_					
-					
18	Can any	resulting loss be recognized? ► No.	ot applicable.		
<u> </u>					
19 F	Provide	any other information necessary to in	mplement the adjustment, such as t	he reportable tax year ▶	
	8				
_					
	Unde	er penalties of perjury, I declare that I have f, it is true, correct, and complete. Declara	e examined this return, including accomption of preparer (other than officer) is based	panying schedules and statements, ed on all information of which prepa	and to the best of my knowledge and arer has any knowledge.
Sign Here		Bulust E	Rentin	Date /-	22.0/0
Here	Signa	ature V (MM)	- Will	Date ▶ _/ C	100 / /
Paid		your name ► Robert F. Barton Print/Type preparer's name	Preparer's signature	Title ► Chief Fina Date	Check if PTIN
Prep	arer	Firm's name			self-employed Firm's EIN ▶
Use		Firm's address >	ents) to: Department of the Traceurs	Internal Revenue Service Occ	Phone no.
send F	orm 89	337 Uncilidina accompanyina stateme	cition to, Department of the Treasury	, internal nevertue service, Ogo	1011, U 1 UTEU 1 UUUT