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Purpose: To evaluate prior statin therapy reduces the in-hospital VT/VF episode in patients with acute myocardial infarction (MI). **Methods:** A total of 1299 patients from the Korean Acute Myocardial Infarction Registry-National Institutes of Health (KAMIR-NIH) were analyzed. Of these patients, 984 patients (75.7%) received prior statin therapy. The primary endpoint was in-hospital VT/VF event. The secondary endpoints were in-hospital mortality and the composite of all-cause death, recurrent myocardial infarction, and any revascularization during follow-up period. **Results:** There were no significant difference in baseline and angiographic characteristics between groups. In-hospital VT/VF events and in-hospital cardiac death from any cause occurred 53 patients (4.1%) and 25 patients (1.9%), respectively. Prior statin therapy was associated with reduced risk of VT/VF events in multiple Cox regression analysis (adjusted hazard ratio (HR) 0.373, 95% confidence interval (CI) 0.198-0.702, $p=0.002$), and also tended to reduce of VT/VF in propensity score-matched analysis (adjusted HR 0.428, 95% CI 0.183-1.002, $p=0.05$). The risk of in-hospital death did not differ significantly between on prior statin therapy and not (adjusted HR 1.065, 95% CI 0.354-3.200, $p=0.911$). The secondary endpoint occurred in 116 patients (8.9%) during median follow-up of 343 days. The risk of major adverse cardiac events during follow-up period did not differ significantly between two groups (adjusted HR 0.966, 95% CI 0.611-1.527, $p=0.883$). **Conclusion:** This study showed that prior statin therapy might have reduce the serious cardiac tachyarrhythmia such as VT/VF in patients with acute MI. However, the reduction of VT/VF on prior statin therapy did not improve clinical outcomes.