FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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## **INITIAL STATEMENT OF 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

Name and Address of Reporting Person*     MARRIA MOHIT			2. Date of Event Re Statement (Month/I 12/06/2013		3. Issuer Name and Ticker or Trading Symbol  CHIMERA INVESTMENT CORP [ CIM ]							
(Last) 1211 AVENUE 2902 (Street) NEW YORK (City)	(First) E OF THE AME NY (State)	(Middle) RICAS, SUITE  10036 (Zip)				ionship of Reporting Person(s all applicable) Director Officer (give title below) Chief Investment	10% Owner Other (spec below)		(Mor	nth/Day/Year) dividual or Joint/ licable Line)  Comparison of the second	e of Original Filed  Group Filing (Check  One Reporting Person  More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					t of Securities Ily Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr.     )				
Common Stock					77,534		D					
Common Stock					54,055		I		By 401K Plan			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		4. Conve or Exe	rcise	5. Ownership Form: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	ı Title		Amount or Number of Shares	Deriva Securi	tive	(Instr. 5)		

Explanation of Responses:

Remarks:

/s/ Mohit Marria

12/12/2013

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).