## FORM 5

Form 3 Holdings Reported.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Washington, D.C. 20549

| OMB APPRO                | /AL       |
|--------------------------|-----------|
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## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     COLLIGAN ROBERT S |            |                                      |  | 2. Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [ CIM ] |  |   |                   |         |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |  |                        |                                       |                              |  |
|---|------------|--------------------------------------|--|---|--|---|-------------------|---------|---|---|---|--|------------------------|---------------------------------------|------------------------------|--|
| (Last) (First) (Middle) C/O CHIMERA INVESTMENT CORPORATION  |            |                                      |  | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013     |  |   |                   |         |   | X   | Officer (give below)  CHIEF   |  | NCIAL                  | below                                 | ,                            |  |
| 1211 AVENUE OF THE AMERICAS SUITE 2902                      |            |                                      | 4. If Amendment, Date of Original Filed (Month/Day/Year)                           |   |  |   |                   |         | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |   |   |  |                        |                                       |                              |  |
| (Street) NEW YORK   | NY         | 100                                  | 036  |   |  |   |                   |         |   |   |   | Form filed   | by Mor                 | re than Oi                            | ne Repor                     | ing Person   |
| (City)  | (State)    | (Zip                                 | )  |   |  |   |                   |         |   |   |   |  |                        |                                       |                              |  |
|   |            | Tal                                  | ole I - Non-Der  | ivative Se  | ecurit   | ies Acqu  | ired, Disp        | osed o  | of, or B  | enefici   | ally Ov   | /ned   |                        |                                       |                              |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date        |            |                                      |  |   |  | 4. Securities Acquired (A) or Disposed Of (Instr. 3, 4 and 5) |                   |         |   |   |   | 6. Ownershi  |                        |                                       |                              |  |
| 1. Title of Security  | (Instr. 3) |                                      | Date   | Execution   |  | Transactio  | n (Instr. 3, 4    |         | ed (A) or I   | Disposed (                                      | ` ′ [   | 5. Amount of<br>Securities   |                        | Form: Di                              | rect li                      | Nature of  |
| 1. Title of Security  | (Instr. 3) |                                      |  | Execution   | Date,  |   | n (Instr. 3, 4    | and 5)  | ed (A) or I<br>(A) or<br>(D)  | Price   |   |  | wned<br>er's           |                                       | rect li<br>direct E<br>4) C  |  |
| Title of Security     Common Stock                          | ,          |                                      | Date   | Execution if any  | Date,  | Transactio<br>Code (Insti                                     | (Instr. 3, 4      | and 5)  | ` '   |   |   | Securities<br>Beneficially Ov<br>at end of Issue<br>Fiscal Year (In                    | wned<br>er's           | Form: Di<br>(D) or Inc                | rect li<br>direct E<br>4) (I | direct<br>eneficial<br>wnership  |
|   | ,          | 1                                    | Date (Month/Day/Year)  | Execution if any (Month/Day   | Date,<br>//Year)<br>urities                        | Transactio<br>Code (Insti<br>8)                               | Amount            | sed of, | (A) or (D)  | Price<br>Price                                  | ly Own  | Securities Beneficially Ovat end of Issue Fiscal Year (In: and 4)                      | wned<br>er's           | Form: Di<br>(D) or Inc<br>(I) (Instr. | rect li<br>direct E<br>4) (I | direct<br>eneficial<br>wnership  |
|   | ,          | 3. Transaction Date (Month/Day/Year) | Date (Month/Day/Year)  Table II - Derivi (e.g.,  3A. Deemed Execution Date, if any | Execution if any (Month/Day   | urities S, Wal  5. Num Deriva Securi Acquir Dispos | Transactio<br>Code (Insti<br>8)<br>s Acquir<br>rrants, o      | Amount  ed, Dispo | sed of, | (A) or (D)  or Berole sec   | Price  neficial urities) le and Amerities Under | ly Own  | Securities Beneficially Ou at end of Issue Fiscal Year (In: and 4)  0  ed  8. Price of | wned<br>er's<br>str. 3 | Form: Di (D) or Inc (I) (Instr.       | rect li<br>direct E<br>4) (I | direct eneficial with eneficial with eneficial of the eneficial energy and the eneficial of |

Explanation of Responses:

Remarks:

/s/ Robert S. Colligan

02/10/2014

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.