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 KEENAN PAUL A | | | | 2. Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [CIM] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|------------|--------------------------------------|--|---|--|--|------------------|---------|---------------------------|---|---|---|------------------------|---------------------------------------|-----------------------------|--|
| | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) | | | | | | | - X | Director | | | | |
| (Last) (First) (Middle) | | | | 12/31/2014 | | | | | | | Officer (giv | e title | | below) | (specify | |
| C/O CHIMERA INVESTMENT CORPORATION | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| 1211 AVENUE OF THE AMERICAS | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (Street) | | | | | | | | | | | | | | | | |
| NEW YORK | NY | 100 | 036 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| (City) | (State) | (Zip |) | | | | | | | | | | | | | |
| | | Tal | ole I - Non-Der | ivative Se | ecurit | ies Acqı | ıired, Disp | osed c | of, or B | enefici | ally Ov | vned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month (Taw/Yoan) | | | Execution Date, | | | | | | | Securities | | Form: D | | | | |
| | (mstr. 3) | | Date | Execution | | 3. Transactio | n (Instr. 3, 4 | | ed (A) or I | Disposed (| ` ′ [| Securities | | 6. Owner Form: Di | rect In | Nature of direct |
| | (instr. 3) | | | Execution | Date, | | n (Instr. 3, 4 | and 5) | (A) or I (A) or (D) | Disposed (| | | wned er's | | rect In lirect B 4) O | |
| Common Stoo | , | | Date | Execution if any | Date, | Transactio Code (Inst | (Instr. 3, 4 | and 5) | ` ' | · | | Securities Beneficially Ov at end of Issue Fiscal Year (In: | wned er's str. 3 | Form: Di (D) or Inc | rect In lirect B 4) O | direct eneficial wnership |
| | , | 1 | Date (Month/Day/Year) | Execution if any (Month/Day | Date, //Year) urities | Transactio Code (Insti 8) | Amount | sed of, | (A) or (D) | Price Price | ly Own | Securities Beneficially Ovat end of Issue Fiscal Year (In: and 4) | wned er's str. 3 | Form: Di (D) or Inc (I) (Instr. | rect In lirect B 4) O | direct eneficial wnership |
| | , | 3. Transaction Date (Month/Day/Year) | Table II - Deriv (e.g., 3A. Deemed Execution Date, if any | Execution if any (Month/Day | urities S, Wal 5. Num Deriva Securi Acquir Dispos | Transactio Code (Insti 8) s Acquir rrants, o | Amount ed, Dispo | sed of, | (A) or (D) or Berole sec | Price neficial urities) le and Amerities Under | ly Own | Securities Beneficially Out at end of Issue Fiscal Year (In: and 4) 231,833 ed 8. Price of | wned er's str. 3 | Form: Di (D) or Inc (I) (Instr. | rect In lirect B 4) O | tirect neficial vnership str. 4) 11. Nature p of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

Remarks:

/s/ Paul Keenan

02/12/2015

** 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.