FORM 3

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0104							
Estimated average burden								
hours per response:	0.5							

## **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

ADDAMC MADIC			Date of Event Reatement (Month/ /15/2007	_' ~, ' ,	3. Issuer Name and Ticker or Trading Symbol  CHIMERA INVESTMENT CORP [ CIM ]							
(Last) 1211 AVENUE SUITE 2902 (Street) NEW YORK (City)	(First) E OF THE AME NY (State)	(Middle) ERICAS  10036 (Zip)				ionship of Reporting Person(s all applicable) Director Officer (give title below)	s) to Issuer 10% Owne Other (spe below)		(Mont	th/Day/Year)  dividual or Joint/cable Line)  Form filed by	te of Original Filed  Group Filing (Check  y One Reporting Person  y More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					nt of Securities Illy Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)				
COMMON STOCK						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		Deriv	le and Amount of Securities ative Security (Instr. 4)	Amount or Number of Shares	4. Conver or Exer Price o Derivat Securit	rsion rcise of tive	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

**Explanation of Responses:** 

/S/ MARK ABRAMS

11/21/2007

\*\* 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> 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).