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

Name and Address of Reporting Person* DENAHAN A ALEXANDRA		2. Date of Event Re Statement (Month/I 11/15/2007		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) RICAS 10036 (Zip)				ionship of Reporting Person(sall applicable) Director Officer (give title below) Chief Fin. Offi. ar	10% Owner Other (spec below)		(Monti	h/Day/Year) ividual or Joint/cable Line) Form filed by	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)			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 a Expiration Date (Month/Day/Year)			ate	Derivative Security (Instr. 4) Conver		cise (D) or		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price o Derivat Securit	tive (Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Alexandra A. Denahan

11/20/2007

** 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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).