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

DONI IN DALII		Pate of Event Retement (Month/I	_'' . [3. Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [CIM]								
(Last) 1211 AVENUE SUITE 2902 (Street) NEW YORK (City)	(First) OF THE AMI	(Middle) ERICAS 10036 (Zip)				ionship of Reporting Person(s all applicable) Director Officer (give title below)	s) to Issuer 10% Owner Other (spec		(Month/ 6. Indivi Applical	/Day/Year) ridual or Joint/ouble Line) Form filed by	de 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)					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)												
,		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		Amount	4. Convers or Exerc Price of Derivati Security	sion Fo cise (D Ind ve (In	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title		Number of Shares					

Explanation of Responses:

/s/ Paul Donlin

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).