FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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* Reilly John Patrick			2. Date of Event Re Statement (Month/I 04/01/2010	_ ' " .	3. Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [CIM]							
2902 (Street)	(First) E OF THE AME NY (State)	(Middle) ERICAS, SUITE 10036 (Zip)				onship of Reporting Person(s all applicable) Director Officer (give title below)	10% Owner 10% Owner Other (spec below)	ify	(Mor	nth/Day/Year) dividual or Joint/ icable Line) (Form filed by	te 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)					lly Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock					8,500 D							
Common Stock						7,500	T.		By son			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative			6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Securi		(50. 0)			

Explanation of Responses:

Remarks:

/s/ A. Alexandra Denahan as Attorney-in Fact 04/05/2010

** 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.

 $^{^{\}star}$ 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).