F	0	R	Μ	5

Check this box if no longer
subject to Section 16. Form 4
or Form 5 obligations may
continue. See Instruction 1(b).
Form 3 Holdings Reported

Form 4 Transactions

Reported

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#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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# ANNUAL STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Per WOSCHENKO CHRISTIAN J	2. Issuer Name and CHIMERA INV		<i>c</i> .			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First)	(Middle)	3. Statement for Iss (Month/Day/Year)	uer's Fiscal Yea	r Ended			X         Officer (give title below)         Other (specify below)           Head of Investments			
C/O CHIMERA INVESTMEN	Т	12/31/2011								
CORPORATION, 1211 AVEN	UE OF THE									
AMERICAS SUITE 2902										
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)				
NEW YORK, NY 10036						_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
		(Wollin Day Tear)		Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)		
Common Stock							138,973	D		
Common Stock							20,000	Ι	By 401(k) Plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this 5EC 2270 (9-02) form are not required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numbe	er	and Expirati	and Expiration Date		unt of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day/Year)		Underlying		Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriva	tive	· · · ·		Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Securit	ties			(Instr. 3 and			Beneficially	Security:	(Instr. 4)
	Security				Acquir	ed			4)			Owned at	Direct (D)	
					(A) or	)r					End of	or Indirect		
					Dispos	Disposed					Issuer's	(I)		
					of (D)							Fiscal Year	(Instr. 4)	
					(Instr. 3,							(Instr. 4)		
					4, and 5)									
										Amount				
							<b>D</b> .	<b></b>		or				
								Expiration	Title	Number				
							Exercisable	Date		of				
					(A) (	(D)				Shares				

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WOSCHENKO CHRISTIAN J C/O CHIMERA INVESTMENT CORPORATION 1211 AVENUE OF THE AMERICAS SUITE 2902 NEW YORK, NY 10036			Head of Investments				

### Signatures

\*\*Signature of Reporting Person

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01/26/2012
Date
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## **Explanation of Responses:**

- \* 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 provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.