## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

#### 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

Print or Ty	pe Response	s)												
1. Name and Address of Reporting Person* Yarlagadda Choudhary				2. Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [CIM]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O: CHIMERA INVESTMENT CORPORATION, 1211 AVENUE OF THE AMERICAS				3. Date of Earliest Transaction (Month/Day/Year) 08/24/2015						X Officer (give title below) Other (specify below)  Chief Operating Officer				
(Street) NEW YORK, NY 10036				4. If Amendment, Date Original Filed(Month/Day/Year)					)	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)				Ta	able I - No	n-De	rivative S	Securitie	s Acqu	ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Citle of Security 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		ion 4. Securities Acquires (A) or Disposed of (D (Instr. 3, 4 and 5)  (A) or		of (D)	D) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ollowing	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
G				Code	V	Amount	(D)	Price	20.427			(Instr. 4)		
Common			08/24/2015		A		1,850	A	\$ 13.54	30,427 212,275			I I	By Spouse (1)
Common Stock		08/24/2015		A		750	A	\$ 13.54	12,255		I	By Spouse as UTMA custodian for son (2)		
Reminder:	Report on a s	separate line f	for each class of secur	rities beneficially or	wned direc	Per	sons wh	o respo	orm are	e not requ	ction of inf ired to res OMB cont	spond unl	ess	C 1474 (9-02)
				Derivative Securit	-					lly Owned				
Security	Conversion	onversion r Exercise (Month/Day/Year) Execution any (Month/Day/Year) (Month/Day/Year)		4. Transaction Code Year) (Instr. 8)	5.	6. I and (Me	ions, convertible secur  6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Amo Und Secu	itle and ount of lerlying urities tr. 3 and	(Instr. 5) Bo O Fo Ro		Owner Form of Deriva Securi Direct or Indi	tive Owners ty: (Instr. 4)
				Code V	(A) (D)	Dat Exe	te ercisable	Expiration Date	on Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Reporting Owner Address						

1	Yarlagadda Choudhary C/O: CHIMERA INVESTMENT CORPORATION 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036			Chief Operating Officer		
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#### **Signatures**

/s/ Choudhary Yarlagadda	08/25/2015
**Signature of Reporting Person	Date

#### **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).
- (1) The reporting person disclaims beneficial ownership of these shares and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.
- Shares are held by the reporting person's spouse as custodian for the reporting person's son under the Uniform Transfer to Minors Act. The reporting person disclaims
- (2) beneficial ownership of these shares and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space 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.