FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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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

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 Person * LAMBIASE MATTHEW (Last) (First) (Middle) C/O: CHIMERA INVESTMENT CORPORATION 520 MADISON AVENUE, 32ND FLOOR (Street) NEW YORK NY 10022					3. Da 01/0	Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [CIM] Date of Earliest Transaction (Month/Day/Year) 01/02/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)									tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title below) CEO, President and Director Idual or Joint/Group Filing (Check Applicable L Form filed by One Reporting Person Form filed by More than One Reporting Per			r able Line)	
(City)	(State)	(Zi	o)																
		Та	ble I - Nor	n-Der	ivativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or B	Benefic	ially Ov	/ned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/				2A. Deemed Execution Date if any (Month/Day/Ye		n Date,	3. Transaction Code (Instr.						5. Amount of Securities Beneficially Owner Following Reporte		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Transactio (Instr. 3 and				(Instr. 4)
Common Stock 01/02					2/2020		A ⁽¹⁾		42,332(2)		Α	\$0 ⁽³⁾	770,875(4)			D			
Common Stock												32,6	32,600		1	By 401(k) Plan			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, (if any (Month/Day/Year)) 34. Deemed Execution Date, (if any (Month/Day/Year))			ate,	4. Transaction Code (Instr. r) 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		te Securities Underly		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Evaluation of Posponsos:					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title		Amount or Number of Shares	Transaction(s) (Instr. 4)				

Explanation of Responses

- 1. Represents shares of Chimera common stock underlying restricted stock units ("RSUs"). The RSUs are scheduled to vest one-third per year on the first, second and third anniversaries of the grant date and shall be settled 100% in shares of Chimera common stock. The reporting person does not intend to report the vesting of the RSUs nor the delivery of the shares of common stock.
- 2. The reporting person elected to defer share settlement until separation of service (such deferred share units are herein referred to as "DSUs").
- 3. Each RSU has the economic equivalent of one share of Chimera common stock.
- 4. Dividend equivalent rights ("DERs") issued on RSUs and DSUs are included in the reporting person's common stock holding balance. Each DER is the economic equivalent of one share of Chimera common stock.

/s/ Matthew Lambiase 01/06/2020

** Signature of Reporting Person Date

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

- * 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 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.