FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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	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

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 * COLLIGAN ROBERT S							2. Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [ CIM ]									Reporting F le)	Person(	s) to Issuer 10% Ov	/ner		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 02/16/2020								Officer (g below)		Other (specify below)				
C/O: CHIMERA INVESTMENT CORPORATION																Chief Financial Officer					
520 MADISON AVENUE, 32ND FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	ndividual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street)														^	Form filed by More than One Reporting Person						
NEW YORK NY 10022																					
(City)	(State)	(Zi <sub>l</sub>	p)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date					h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			or 4 and 5)	5. Amount Securities Beneficially Following	y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(111501.4)		
Common Stock 02/16											45,131		Α	<b>\$0</b> <sup>(2)</sup>	261,555 <sup>(3)</sup>			D			
Common Stock 02/1									F		39,578	(4)	D	\$22.5	221,977			D			
	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)	. 3) or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		e Securities Underl		derlying curity	8. Price of Derivative Security (Instr. 5)		Ownership Form: Ily Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)					
Fundamentian of Pa					Code V		(A)	(D)	Date Exercisable		Expiration Date	or Nur		Amount or Number of Shares	(Instr. 4)		wife)				

## **Explanation of Responses:**

- 1. Represents shares of Chimera common stock underlying performance share units ("PSUs"), and accrued DERs, that vested on February 16, 2020.
- 2. Each PSU has the economic equivalent of one share of Chimera common stock.
- 3. Dividend equivalent rights ("DERs") issued on PSUs and restricted stock units ("RSUs") and deferred share units are included in the reporting person's common stock holding balance. Each DER is the economic equivalent of one share of Chimera common stock.
- 4. Shares reported were withheld for payment of taxes associated with the vesting of prior grants of RSUs and PSUs.

/s/ Robert Colligan 02/19/2020

\*\* 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.