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

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* MARRIA MOHIT (Last) (First) (Middle) C/O: CHIMERA INVESTMENT CORPORATION 520 MADISON AVENUE, 32ND FLOOR (Street) NEW YORK NY 10022 | | | | | | Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [CIM] 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner Officer (give title Other (specify below) Chief Investment Officer vidual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
|--|---------|-----|-------------|--------------|--------|--|---|---|---|------|-------------------------|--|--------------------|---|--|---------------------|---|--|---|
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | า-Der | ivativ | e Se | ecuritie | s Acqu | uired, I | Disp | osed of, | or B | enefi | cially Ow | /ned | | | | |
| Date | | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securiti Disposed | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | | 5. Amount Securities Beneficiall Following Transactio | y Owned Reported | Form: | nership Direct (D) irect (I) 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A (1 | (A) or (D) | Price | (Instr. 3 an | | | | (111501.4) |
| Common Stock 02/2 | | | | | 28/202 | 8/2020 | | | Α | | 5,000 | | Α | \$19.55 | 375,868 | | | D | |
| Common Stock | | | | | | | | | | | | | | | 29,2 | 236 | | ı | By 401(k) Plan |
| 8.00% Series A Cumulative Redeemable Preferred Stock | | | | | | | | | | | | | | | 3,000 | | | I | By Spouse ⁽¹⁾ |
| 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) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Year) | | | ate, | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | te | Securities Underly | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Evolunation of Re | | | | | Code | | (A) | (D) | Date Exercisable | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | ion(s) | | |

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.

/s/ Mohit Marria

03/03/2020

** 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.