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

Name and Address of Reporting Person* Kortman Kelley				2. Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [CIM]										all applicab Director	10% Owner		· I		
(Last)	(First)	(Mi	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 01/01/2023								X	Officer (g below)	ve title Other (specification)		·		
C/O: CHIMERA INVESTMENT CORPORATION															Princ	pal Acc	ountin	g Officer	•
630 FIFTH AVENUE, SUITE 2400				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)						
														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Street) NEW YORK	NY	10)111												rom me	a by More	than On	ie Reportin	g Person
(City)	(State)	(Zi _l	p)																
			ıble I - Nor	n-Deri	vativ	- S	curitie	s Acai	uired	Disn	osed of	or F	Renefic	ially Ow	med				
1. Title of Security (Instr. 3) 2. Tran- Date				ansaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Sec Transaction Dispo		4. Securiti	curities Acquired (A) or esed Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficially Following	y Owned Reported	6. Own Form: I or India (Instr. 4	Direct (D) rect (I)	7. Nature of Indirect Beneficial Ownership	
										v	Amount		(A) or (D)	Price	(Instr. 3 and				(Instr. 4)
Common Stock 01/0					01/2023				A ⁽¹⁾		20,170(2)		Α	\$ <mark>0</mark>	38,498(3)			D	
Series B Preferred Stock												5,8	5,800		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/)	ition Date, T		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year		e Securities Under		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction	e C s F lly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Explanation of Re				C	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)			

- 1. Represents shares of Chimera Investment Corporation common stock ("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. Each RSU has the economic equivalent of one share of Chimera common stock.
- 3. Dividend equivalent rights ("DERs') issued on RSUs 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/ Kelley Kortman 01/04/2023

** 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.