

## CHIMERA INVESTMENT CORP

# Reported by COLLIGAN ROBERT S

#### FORM 4/A

(Amended Statement of Changes in Beneficial Ownership)

### Filed 03/19/20 for the Period Ending 03/18/20

Address 520 MADISON AVENUE

32ND FLOOR

**NEW YORK, NY, 10022** 

Telephone 212-626-2300

CIK 0001409493

Symbol CIM

SIC Code 6798 - Real Estate Investment Trusts

Industry Specialized REITs

Sector Financials

Fiscal Year 12/31



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

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

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

### 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

1. Name and Address of Reporting Person *						2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
COLLIGAN	ROBI	ERT S				HIM [M]	IERA	INVES	TM	ENT	COR	<b>P</b> [		Director	inedoie)	10%	Owner		
(Last)	(F	irst)	t) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Officer (give title below) Other (specify below) Chief Financial Officer				
C/O: CHIM CORPORAT AVENUE, 3	ΓΙΟN,	520 M	ADISON					3/18	8/20	20									
-	(Street)				4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)						
NEW YORK, NY 10022 (City) (State) (Zip)					3/18/2020								X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table	I - Non	-Der	·ivati	ve Secu	ırities Ac	quire	ed, Di	sposed o	f, or	Ben	neficially Owne	ed				
1.Title of Security (Instr. 3)				Trans. Date		Deemed ation if any	3. Trans. Co (Instr. 8)	de	e 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)			F		nount of Securities Beneficially Owned wing Reported Transaction(s) 3 and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
								Code	V	Amou	(A) or (D)	Prio	ce					(Instr. 4)	
Common Stock 3/18/2020				020	20 P(1)				15000	15000 A \$9.31			236977			D			
	Т	able II -	Derivativ	e Secur	ities	Bene	eficially	Owned (	e.g.,	puts,	calls, wa	ırran	ıts, o	options, conver	tible secu	ırities)			
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	e	as. 3A. Dee Execution Date, if	on (In	Γrans. str. 8)	Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			7. Title and Securities U Derivative S (Instr. 3 and		Jnderlying Derivative Security Security		9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security:	Beneficial	
	Security			(	Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amo	ount or Number of res		Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Explanation of	Respons	ses:																	

(1) The original Form 4 filed on 3/18/2020 is hereby amended solely to correct an administrative error which wrongfully reported an open market purchase as a stock grant.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
COLLIGAN ROBERT S							
C/O: CHIMERA INVESTMENT CORPORATION			Chief Financial Officer				
520 MADISON AVENUE, 32ND FLOOR			Ciliei Filianciai Officer				
NEW YORK, NY 10022							

#### Signatures

/s/ Robert Colligan 3/19/2020

\*\*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 control number.