

### CHIMERA INVESTMENT CORP

# Reported by LAMBIASE MATTHEW

#### FORM 5

(Annual Statement of Changes in Beneficial Ownership)

#### Filed 02/11/10 for the Period Ending 12/31/09

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

## FORM 5

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).
[] Form 3 Holdings Reported
[] Form 4 Transactions
Reported

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

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### ANNUAL 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

LAMBIASE MATTHEW				2. ]	2. Issuer Name and Ticker or Trading Symbol  CHIMERA INVESTMENT CORP  [CIM]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
										X Director	X Director 10% Owner				
(Last) (First) (Middle)					3. Statement for Issuer's Fiscal Year Ended (MM/DD/YYYY)						X Officer (give title below) Other (specify below) CEO, President and Director				
C/O: CHIMI	ERA INV	ESTME	ENT			12/31	/2009								
CORPORAT				OF											
THE AMER	(Stree		02	4 1	If Amandma	mt Doto Om	inimal Eila	danupp	/373737	Y) 6. Individual or	Loint/Cn	un Eilina	(Cl. 1 A )	P 11 T \	
	(Sirec	,		4. ]	II Amename	ni, Date Oi	iginai riie	u (MM/DL	)/ Y Y Y	Y) O. Individual of	John/Gr	oup rining	(Check App.	licable Line)	
NEW YORK, NY 10036											X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(Ci	ity) (State	e) (Zip	p)												
			Table I	- Non-Der	rivative Sec	urities Acq	uired, Dis	posed of	, or E	Beneficially Owner	l				
1. Title of Security (Instr. 3) 2. Trans		Trans. Date	Date 2A. Deemed Execution Date, if any 3. Trans. (Instr. 8)		or Disposed of (D)				. Amount of Securities Beneficially Owned ollowing Reported Transaction(s) Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership			
							Amoun	(A) or (D)	Price	,			Direct (D) or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock									20:	5000		D			
Common Stock									15	000		I	By 401(k) Plan		
Table l	II - Derivati	ve Securi	ties Acq	uired, Dis	sposed of, or	Beneficia	lly Owned	l ( <i>e.g.</i> , p	outs,	calls, warrants, op	tions, cor	ıvertible s	ecurities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deem Execution Date, if an	Code	Derivati Acquire Dispose	ve Securities d (A) or	Expiration I	(MM/DD/YYYY)		le and Amount of ities Underlying ative Security . 3 and 4)	Underlying Derivative Security Security		Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Owned at End of Issuer's Fiscal Year (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		

#### **Explanation of Responses:**

**Reporting Owners** 

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
LAMBIASE MATTHEW C/O: CHIMERA INVESTMENT CORPORATION 1211 AVENUE OF THE AMERICAS, SUITE 2902 NEW YORK, NY 10036	×		CEO, President and Director					

#### **Signatures**

/s/ Matthew Lambiase 2/5/2010

\*\* 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.