

CHIMERA INVESTMENT CORP

Reported by REILLY JOHN PATRICK

FORM 5

(Annual Statement of Changes in Beneficial Ownership)

Filed 02/13/12 for the Period Ending 12/31/11

Address 520 MADISON AVENUE

32ND FLOOR

NEW YORK, NY, 10022

Telephone 212-626-2300

CIK 0001409493

Symbol CIM

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

				CHIMERA INVESTMENT CORP							5. Relationship of Reporting Person(s) to Issuer Check all applicable)					
										_ Direc	etor	-	10% (Owner		
(Last) (First) (Middle)				3. Statement for Issuer's Fiscal Year Ended						led	Officer (give title below)			Other (specify		
С/О СНІМЕ					(IVIIVI/D	D/1111)	12/31/2	2011			below,	,				
CORPORAT	,															
OF THE AM	(Street)		JITE 2	902	4 TC /		ant Data () 1 T	7:1 -	.1	C In	a:: a	1 T . :		7:1: (0)	
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)				eck
NEW YORK	, NY 10	036														
(City) (State) (Zip)									X Form Filed by One Reporting Person Form Filed by More than One Reporting Person							
		Tal	ble I - No	on-Dei	rivativ	e Securi	ities Acqui	ired, Dis	pos	ed (of, or Benefi	icially	Owned			
1.Title of Security (Instr. 3) 2. De			Γrans. te	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)	4. Securit Acquired Disposed (Instr. 3,	(A) of (1 4 and (A) or	D)	Following Rep (Instr. 3 and 4)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock								1	(- /			81	391		D	
Common Stock												14	500		I	By Children
Table II - I	Derivativo	e Secı	ırities A	cquire	d, Dis	posed of	, or Benef securi	•	wn	ed ((e.g. , puts,	calls,	warrant	ts, options	, convert	ible
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Trans. De Ex	3A. Deemed Execution Date, if any	Code	Acqui Dispo	ative	6. Date Exercisable and Expiration Date (MM/DD/YYYY)		7. Title and Amor Securities Underly Derivative Securi (Instr. 3 and 4)		es Underlying ve Security	g Derivative of Security (Instr. 5) Sec Ber Ow End		of Derivative Securities	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial Ownership (Instr. 4)
				(A)	(D)	Date Exercisable	Expiration Date	Titl		mount or Numbe	er of			(Instr. 4)		

Explanation of Responses:

(1) The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such shares for purposes of Section 16 or for any other purpose.

Reporting Owners

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
Reilly John Patrick C/O CHIMERA INVESTMENT CORPORATION								

1211 AVENUE OF THE AMERICAS SUITE 2902			
NEW YORK, NY 10036			

Signatures

/s/ John P. Reilly 2/13/2012

** 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.