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(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> STILL DEBRA | | | 2. Date of Event Requiring Statement(Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol CHIMERA INVESTMENT CORP [CIM] | | | | | |
|--|--------------------------|---|--|--|----------------|--------|---|--|--|
| (Last) | (First) | (Middle) | 03/06/2018 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| 520 MADISON AVENUE, 32ND FLOOR | | | | (Check all applicable) | | | (| | |
| (Street) NEW YORK, NY 10022 | | | | XDirector10% Owner OfficerOther (give title below) (specify below) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One | | |
| (City) | (State) | (Zip) | Table I - N | Non-Derivat | ive Securiti | es Ber | Reporting Person neficially Owned | | |
| 1.Title of Security (Instr. 4) | | | 2. Amount o Beneficially (Instr. 4) | | | rship | | | |
| Common st | ock | | 0 | | D | Â | | | |
| Reminder: Rep owned directly | | | ach class of securities benefic | ially SI | EC 1473 (7-02) |) | | | |
| | Perso inforr requi | ons who res mation conta red to respo | pond to the collection of ained in this form are not ond unless the form displ MB control number. | t | | | | | |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|--|--|---|--|---|
| | | Title | Derivative Security | Security: Direct (D) | |

2005

0.5

Estimated average burden hours per

response...

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| Date | Expiration |
|-------------|------------|
| Exercisable | Date |

Amount or Number of Shares or Indirect (I) (Instr. 5)

Reporting Owners

| Reporting Ov | Relationships | | | | | |
|---|--------------------|---|---------|-------|--|--|
| Troporting 0 | Director 10% Owner | | Officer | Other | | |
| STILL DEBRA 520 MADISON A NEW YORK, N | ÂX | Â | Â | Â | | |
| Signatures | 6 | | | | | |
| /s/ Debra W. Still | 03/13/2018 | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.