| Anzalone Jo Form 4 November 1 | | | | | | | | | | | | |
|--|---|------------------|--|---|--------------|----------|------------------------------|--|---|---------|--|--|
| Check this box if a l | | | | | | | | OMB | er: 3235-0287 | | | |
| | | | | | | | | | | | | |
| (Print or Type] | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Anzalone John | | | 2. Issuer Name and Ticker or Trading Symbol Invesco Mortgage Capital Inc. [IVR] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) 1555 PEACHTREE STREET NE, SUITE 1800 | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2009 | | | | | Director | _XOfficer (give title Other (specify | | | |
| | | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | |
| ATLANTA, GA 30309 Form filed by More than One Reporting Person | | | | | | porting | | | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-E | Derivative | Secu | rities Acqu | uired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | n Date, if | 1 | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock, par value \$0.01 per share | 11/09/2009 | | | Code V P <u>(1)</u> | Amount 3,000 | (D) A | Price \$ 20.995 (2) | (Instr. 3 and 4) 5,000 | D | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

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 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 Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|------------|---------|-------|--|--|--|
| Reporting O when runner runners | Director | 10% Owner | Officer | Other | | | |
| Anzalone John 1555 PEACHTREE STREET NE SUITE 1800 ATLANTA, GA 30309 | | | CIO | | | | |
| Signatures | | | | | | | |
| Jonathan J. Doyle, as Attorney in Fact | | 11/10/2009 | | | | | |
| **Signature of Reporting Person | | Date | | | | | |

Explanation of Responses:

* 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).

The reporting person effected multiple same-way open market purchase transactions on the same day at different prices through a trade
 order executed by a broker-dealer. The reporting person has reported on a single line all such transactions that occurred within a one dollar price range. The reporting person hereby undertakes to provide upon request by the Securities and Exchange Commission staff, the

issuer or a shareholder of the issuer, full information regarding the number of shares purchased at each separate price.

(2) Reflects the weighted average purchase price. The range of prices for such transaction is \$20.96 to \$21.03.

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.