## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

**OWNERSHIP** 

		00540
Vashington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions R	deported.	File	ed pursuant to or Sectior					ities Excha ompany Ac								
Name and Address of Reporting Person*     Lowrie Regina				2. Issuer Name and Ticker or Trading Symbol Cherry Hill Mortgage Investment Corp CHMI								k all app Direc	onship of Reporting Per Ill applicable) Director			rson(s) to Issuer	
(Last) (First) (Middle) 1451 ROUTE 34 SUITE 303				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018								Office	belo				
(Street) FARMINGDALE NJ 07727 (City) (State) (Zip)				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	Benefic	ially	Owne	ed			
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)			or Dispose	Securi Benefi		icially Fo		ership n: Direct	7. Nature of Indirect Beneficial Ownership	
							Amour		(A) or (D)			Issuer's Fis Year (Instr. 4)		al Indirect			
Common Stock, \$0.01 par value		12/26/2018	12/26/20	2/26/2018 G		ř	546		D	\$17.88		10,717		D			
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									wned				
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. Transaction Code (Instr. 8)	of	r osed ) r. 3, 4	Expirat (Month less ed 3, 4		te Exercisable and ation Date th/Day/Year)  Expiration cisable Date		le and unt of rities ritying rative rity (Instr. 3 4)  Amount or Number of Shares	Derivative Security (Instr. 5) Secu (Instr. 5) Secu Owne Follo Repo Trans (Instr		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ative rities ficially ed or Ind (I) (Ins		Beneficial Ownership t (Instr. 4)

Explanation of Responses:

/s/ Regina Lowrie

01/08/2019

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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 Number.