FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ngton, D.C. 20549	О
S IN BENEFICIAL OWNERSHIP	OMB N

MB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Sectio	n 30(h)	of the	Ínvestmen	t Cor	npany Act	of 194	0							
Name and Address of Reporting Person* Hutchby Michael Andrew					<u>Ch</u>	2. Issuer Name and Ticker or Trading Symbol Cherry Hill Mortgage Investment Corp [CHMI]									5. Relationship of Reporting (Check all applicable) Director X Officer (give title below)			Person(s) to Issuer 10% Owner Other (specify below)		
(Last) (First) (Middle) 1451 HIGHWAY 34, SUITE 303					3. Date of Earliest Transaction (Month/Day/Year) 01/03/2022										Chief Financial Officer					
(Street) FARMINGDALE NJ 07727 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	le I - Non	-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed o	of, or	Ben	eficial	ly Owne	ł				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar) if	A. Deem Execution any Month/Da	Date,	Code (I	Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			Benefici	es ally Following	6. Owners Form: Dir (D) or Ind (I) (Instr.	rect c irect E 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	Amount (A) or (D)		Price	Transac (Instr. 3	tion(s)				
	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 I if any (Month/Day	Date,	4. Transaction Code (Instr. 3)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)				nt of ities lying	Security 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Ow For Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		expiration Pate	Title	1	Amount or Number of Shares						
LTIP	(1)	01/03/2022			Α		8,000		(1)		(1)	Comn	non	8.000	(1)	43,500		D		

Explanation of Responses:

1. Represents units of limited partnership interests ("LTIP Units") in Cherry Hill Operating Partnership, L.P. (the "Operating Partnership") of which the Issuer is the general partner. Vested LTIP Units, upon achieving parity with the common units of limited partnership interest in the Operating Partnership pursuant to the terms of the partnership agreement, may be exchanged at any time for cash (as described in the partnership agreement) or, at the election of the Issuer, for shares of common stock on a one-for-one basis. The LTIP Units will vest and become nonforfeitable ratably over the three-year period beginning on the date of grant, subject to the reporting person's continued service to the Issuer, the external manager, Cherry Hill Mortgage Management, LLC or its affiliate and have no expiration date.

/s/ Michael Hutchby

** Signature of Reporting Person Date

01/04/2022

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 Number.