SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).
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(1)

Explanation of Responses:

06/15/2016

LTP Units

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

## OMB APPROVAL OMB Number: 3235-028

Estimated average burden	Estimated average burden	0.5
	Estimated avarage burden	

	of Section So(h) of the investment Company Act of 1940																			
1. Name and Address of Reporting Person* Lown Jay						2. Issuer Name and Ticker or Trading Symbol <u>Cherry Hill Mortgage Investment Corp</u> [ CHMI ]								(Cł	5. Relationship of Reportin (Check all applicable) X Director			on(s) to Iss 10% Ov		
(1 aat)	(5	irot)												X Office below	r (give title		Other (s below)	specify		
	(Last)     (First)     (Middle)       301 HARPER DRIVE, SUITE 110     3. Date of Earliest Transaction (Month/Day/Year)									President										
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
MOORESTOWN NJ 08057															X Form	filed by One	e Repo	rting Perso	n	
(City)	(S	tate)	(Zip)												Form Perso	filed by Mo	re than	One Repo	rting	
		Tab	le I - Noi	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	osed o	of, o	r Ben	eficia	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transau Date (Month/Date)						Execution Date		n Date,	e, Transaction Code (Instr.						Securit Benefic Owned	rities Fo ficially (D ed Following (I)		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
	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)	1. Title of Derivative Conversion Security or Exercise     3. Transaction Security Date Execution Date, I fany     4			ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative (Instr. 3 an				ount of urities erlying vative S tr. 3 and	4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)			
														Amount						

Date

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 ratably and become nonforfeitable, subject to the reporting person's continued service to the Issuer, the external manager, Cherry Hill Mortgage Management, LLC or its affiliate, on September 15, 2017, 2018 and 2019, and have no expiration date.

Exercisable

(1)

(D)

Expiration

(1)

Date

Title

Commor

Stock

/s/ Jeffrey Lown II

\*\* Signature of Reporting Person

Number

of Shares

7,000

(1)

29,750

06/16/2016

Date

D

\* 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).

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

Code V

A

(A)

7,000

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.