SEC Form 4	
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(City)

MOORESTOWN NJ

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	OMB APPROVAL							
Check this box if no longer subject to STA	TEMENT OF CHANGES IN BENEFICIAL OWNE	NT OF CHANGES IN BENEFICIAL OWNERSHIP						
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							
I. Name and Address of Reporting Person <sup>*</sup> Lown Jay	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Cherry Hill Mortgage Investment Corp</u> [ CHMI ]	5. Relationship of F (Check all applicab X Director	10% Owner					
(Last) (First) (Middle) 301 HARPER DRIVE, SUITE 110	3. Date of Earliest Transaction (Month/Day/Year) 06/10/2014	A below)	below) President and CIO					
(Street)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Join Line)	Joint/Group Filing (Check Applicable					

Form filed by More than One Reporting Person

(A) or (D)

Price

(Instr. 3 and 4)

Amount

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Table I - Nor	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
			Codo		Amount	(A) or	Drico	Transaction(s)		

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

Code v

1	(e.g., puls, cais, 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. Transa Code ( 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ities red sed 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		e Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
LTIP Units	(1)	06/10/2014		Α		7,000		(1)	(1)	Common Stock	7,000	(1)	15,750	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 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 June 10, 2015, 2016 and 2017, and have no expiration date.

## **Remarks:**

\*\* Signature of Reporting Person

06/11/2014

Date

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.

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

(State)

08057

(Zip)

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							

7. Nature

of Indirect

Beneficial Ownership

(Instr. 4)

Form filed by One Reporting Person