Edgar Filing: JOSEPHS ROBIN - Form 4

JOSEPHS ROBI Form 4	Ν										
May 29, 2018											
FORM 4		~~ . ~~ ~	a-------------				~~~~~~~~~		PPROVAL		
	UNITED	STATES		RITIES A shington,			COMMISSIO	N OMB Number:	3235-0287		
Check this bo if no longer subject to Section 16. Form 4 or Form 5	NGES IN 1 SECUR	ITIES		Estimated burden hou response	Expires: January 31, 2005 Estimated average burden hours per response 0.5						
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> JOSEPHS ROBIN			2. Issuer Name and Ticker or Trading Symbol			-	5. Relationship of Reporting Person(s) to Issuer				
		MFA FINANCI			L, INC.	[MFA]	(Che	(Check all applicable)			
(Last) (First) (Middle) C/O MFA FINANCIAL, INC., 350 PARK AVENUE, 20TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 05/24/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street) 4. If Amendment, Da Filed(Month/Day/Year NEW YORK, NY 10022				-		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
(City)	(State)	(Zip)	Tah	la I Non D	orivotivo	Socurities A	Person	of on Donoficio	lly Owned		
1.Title of 2. Tr	ansaction Date nth/Day/Year)		ed Date, if	3. Transaction Code (Instr. 8)	4. Securiti Acquired Disposed (Instr. 3, 4	es (A) or of (D) and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
	. 1	c 1 1	c	Code V		(D) Price					
Reminder: Report o	n a separate line	tor each cl	ass of sec	urities benefi	Person inform require	ns who rest ation cont ed to respo ys a curren	or indirectly. spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and Expiration	7. Title and Amo
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Date	Underlying Secur
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (E	0) Date Exercisable	Expiration Date	Title	An or Nu of S
Restricted Stock Units	<u>(1)</u>	05/24/2018		А	19,481	01/15/2024(2)	01/15/2024(2)	Common Stock	19

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
JOSEPHS ROBIN C/O MFA FINANCIAL, INC. 350 PARK AVENUE, 20TH FLOOR NEW YORK, NY 10022	Х					
Signatures						
/s/ Harold E. Schwartz, by power of attorney		05/29/201	8			

**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).

(1) Each restricted stock unit represents the right to receive one share of MFA Financial, Inc. common stock.

The restricted stock units were fully vested as of the date of grant and will be settled in an equivalent number of shares of MFA
 (2) common stock. Except in certain circumstances, the restricted stock units will be settled on the earlier of (i) the reporting person's termination of service as a director of MFA Financial, Inc. and (ii) on or about January 15, 2024.

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.