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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. See |
| Instruction 1(b). |

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: 3235-0287

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| 1. Name and Addr | | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>AG Mortgage Investment Trust, Inc.</u> [MITT | | ationship of Reporting Pe k all applicable) | erson(s) to Issuer |
|----------------------|--------------|----------|--|-----------------------|---|-----------------------|
| <u>LaManna Jo</u> | <u>sepn</u> | |] | X | Director | 10% Owner |
| (Last) | (First) | (Middle) | [| | Officer (give title below) | Other (specify below) |
| C/O ANGELO | · · / | , | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2020 | | , |) |
| 245 PARK AVI | ENUE, 26TH F | LOOR | | | | |
| (Street) NEW YORK | NY | 10167 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) X | vidual or Joint/Group Fili Form filed by One Re Form filed by More th Person | porting Person |
| (City) | (State) | (Zip) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Ì | 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---------------------------------|--|---|-----------------------------|---|------------------------------------|---------------|---------------------------|---|---|---|
| | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (iiisti: 4) |
| | Common Stock | 01/02/2020 | | Α | | 1,293 | Α | \$0 ⁽¹⁾ | 33,637 | D | |

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

| | 3 | 3 | | | | | | 3 | | | | | | | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| 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) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 | | | | |

Explanation of Responses:

1. Shares were issued to Mr. LaManna as compensation for services provided to AG Mortgage Investment Trust, Inc. (the "Company") in accordance with the Company's Equity Incentive Plan and subject to the terms and restrictions contained in the award agreement entered into by the Company and Mr. LaManna.

Remarks:

/s/ Raul E. Moreno, Attorneyin-Fact for Joseph LaManna

01/06/2020

Date

** Signature of Reporting Person

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.