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Check this box if no longer subject to Section 16. Check this box									OMB Number: Expires: Estimated burden hou response	urs per		
(Print or Type Res	sponses)											
1. Name and Address of Reporting Person <u>*</u> Day John			2. Issuer Name and Ticker or Trading Symbol Invesco Mortgage Capital Inc. [IVR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(M			3. Date of Earliest Transaction(Month/Day/Year)05/09/2012					X_ Director 10% Owner Officer (give title Other (specify below) below)				
								 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)		Zip)	Tabla	I Non D	orivotivo S	oouri	tios A a	quired, Disposed o	or Bonoficio	lly Ownod		
	2. Transaction Date (Month/Day/Year)	Execution any	ned n Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed	ties (A) o of (D	r)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership	7. Nature of Indirect Beneficial		
Stock par	05/09/2012			А	685	A	\$0	7,967	D			
Stock, par value \$0.01 per share								2,500	I	By IRA		

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

Persons who respond to the collection of
information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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displays a currently valid OMB control number.

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)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Day John 1555 PEACHTREE STREET NE SUITE 1800 ATLANTA, GA 30309	Х							
Signatures								
/s/ Jonathan J. Doyle, as Attorney in Fact		05/11/20	12					
**Signature of Reporting Person		Date						
Explanation of Responses:								
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* 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).

Remarks:

This Form 4 reports the acquisition by the reporting person of Common Shares resulting from a quarterly grant to the registrar

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.