Day John Form 4 November 05, 2012

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2. Issuer Name and Ticker or Trading

Form 5 obligations may continue. See Instruction See Instruction 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Day John			Symbol					Issuer					
			Invesco Mortgage Capital Inc. [IVR]				(Check all applicable)						
(Last) (First) (Middle)				3. Date of	3. Date of Earliest Transaction				(Chech all application)				
					(Month/Da	ay/Year)				_X_ Director	109	% Owner	
1555 PEACHTREE STREET				11/01/2012					Officer (give title Other (specify				
NE, SUITE 1800								below) below)					
		(Street)			4 If Amer	ndment Dat	e Original			6 Individual or	Ioint/Group Fili	no(Check	
(Succe)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)						
			Tricu(Month/Day/Tear)					_X_ Form filed by One Reporting Person					
	ATLANTA,	GA 30309								Form filed by Person	More than One R	eporting	
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									lly Owned				
	1.Title of	2. Transaction				3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
			on Date, if	TransactionAcquired (A) or			Securities	Form: Direct	Direct Indirect Beneficial				
	(Instr. 3)	(Instr. 3) any (Month/Day/Ye:			(Day/Year)	Code (Instr. 8)	Disposed			Beneficially Owned	•		
				(Wollding)	Duy/ I cui)	(111511.0)	str. 8) (Instr. 3, 4 and 5)			Following	(Instr. 4)	Ownership (Instr. 4)	
							(A)		Reported				
								or		Transaction(s)			
						Code V	Amount	(D)	Price	(Instr. 3 and 4)			
	Common												
	Stock, par	11/01/2012				A	581	A	\$ 0	9,190	D		
	value \$0.01	11/01/2012				A	361	A	\$ 0	9,190	D		
	per share												
	Common												
	Stock, par												
	value \$0.01									2,500	I	By IRA	
	per share												
	per snare												

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 form

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displays a currently valid OMB control

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		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own 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	X						

Signatures

/s/ Jonathan J. Doyle, as Attorney 11/05/2012 in Fact

Explanation of Responses:

**Signature of Reporting Person

- * 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).

Date

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.

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