FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB Number:	3235-0104
Estimated average burden	
hours per response:	0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Ford Elwin A		2. Date of Event Requiring Statement (Month/Day/Year) 12/14/2012		r Name <b>and</b> Ticker o FINANCIAL,					
(Last)	(First)	(Middle)		Relationship of Reporting Person( (Check all applicable)  Director		Person(s)	to Issuer	5. If Amendment, Date of Original Filed (Month/Day/Year)	
C/O MFA FINANCIAL, INC. 350 PARK AVENUE, 20TH FLOOR			X	Officer (give title below)	SVP	Other (specify below)			
(Street) NEW YORK	NY	10022						6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person	
(City)	(State)	(Zip)						Form filed by More than One Reporting Person	

## Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
COMMON STOCK, PAR VALUE \$0.01 PER SHARE	0	D	
8.5% Series A Cumulative Redeemable Preferred Stock	0	D	
COMMON STOCK, PAR VALUE \$0.01 PER SHARE	0	I	N/A
8.5% Series A Cumulative Redeemable Preferred Stock	0	I	N/A

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security Indirect (I)			

Explanation of Responses:

Remarks:

/s/ ELWIN A. FORD

12/19/2012

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).