FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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## 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

Name and Address of Reporting Person*     Goodman Laurie			3. Issuer Name <b>and</b> Ticker or Trading Symbol  MFA FINANCIAL, INC. [ MFA ]				
(Last) C/O MFA FINA 350 PARK AVE	(First) NCIAL, INC. NUE, 20TH FLC	(Middle)		onship of Reporting Person(s): all applicable) Director Officer (give title below)	to Issuer  10% Owner  Other (specify below)	If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) NEW YORK, (City)	NY (State)	10022 (Zip)				Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person	9

## Table I - Non-Derivative Securities Beneficially Owned

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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	0	D				
7.5% Series B Cumulative Redeemable Preferred Stock	0	D				
Common Stock	0	I	N/A			
7.5% Series B 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)			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) (Instr. 5)	

Explanation of Responses:

Remarks:

/s/Laurie Goodman

07/09/2014

\*\* Signature of Reporting Person

<u>01/07/.</u>

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).