FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO |
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| OMB Number: | 3235-0287 |
|--------------------------|-----------|
| Estimated average burden | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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|--|---------|----------|--|---|---------------------------|----------------------|--|--|--|--|--|
| 1. Name and Address | | | 2. Issuer Name and Ticker or Trading Symbol MFA FINANCIAL, INC. [MFA] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Brodsky James A | | | | X | Director | 10% Owner | | | | | |
| | | | | | Officer (give title | Other (specify | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | | | |
| C/O MFA FINANCIAL, INC. | | | 05/22/2015 | | | | | | | | |
| 350 PARK AVENUE, 20TH FLOOR | | | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| NEW YORK. | NY | 10022 | | X | Form filed by One Report | ing Person | | | | | |
| NEW TORK, | 141 | 10022 | | | Form filed by More than C | one Reporting Person | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | |

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

| 1. Title of Security (Instr. 3) | Date (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--------------------------|--------------------------|---|--|---------------|-------|--|---|--|
| | | Code | v | Amount | (A) or (D) | Price | 3 and 4) | | (Instr. 4) |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (li 8) | | Derivative I | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative | 9. Number of derivative Securities Beneficially Owned Following Reported | 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 | | Transaction(s) (Instr. 4) | | |
| Restricted Stock Units | (1) | 05/22/2015 | | A | | 12,611 | | 01/15/2020 ⁽²⁾ | 01/15/2020 ⁽²⁾ | Common Stock, par value \$0.01 per share | 12,611 | \$0 | 20,817 | D | |

Explanation of Responses:

- 1. Each restricted stock unit represents the right to receive one share of MFA common stock.
- $2. The \ restricted \ stock \ units \ were \ fully \ vested \ as \ of \ the \ date \ of \ grant \ and \ settle \ on \ January \ 15, \ 2020.$

Remarks:

/s/James A. Brodsky

05/27/2015

** Signature of Reporting Person

Date

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.