#### FORM 5

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

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiniigtori,	D.C.	20070

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPROVAL							
	OMB Number: 3235-03 Estimated average burden							
	hours per response:	1.0						

Form 3	s Holaings Rep	ortea.																
X Form 4	1 Transactions	Reported.	Fil	ed pursuant to or Sectio	o Sect on 30(h	ion 16 n) of th	6(a) of the ne Investn	Secu	urities Excha Company Ad	ange Act ct of 194	of 1934 0	ļ						
Name and Address of Reporting Person*     Sigman Brian C.					2. Issuer Name and Ticker or Trading Symbol AG Mortgage Investment Trust, Inc.  [ MITT ]						(Cr	5. Relationship of Reporting Perso (Check all applicable) Director				Issuer Owner er (specify		
(Last) (First) (Middle) C/O ANGELO, GORDON & CO., L.P. 245 PARK AVENUE, 26TH FLOOR					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015								X Officer (give the Other (specify below)  CFO and Treasurer					
(Street)  NEW YO	4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person									
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquire	d, D	isposed	of, or	Bene	ficial	lly Owne	d				
, , , , , , , , , , , , , , , , , , ,		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					sed O	f 5. Amou Securitie Beneficia Owned a	es Own ally Form		ership : Direct	7. Nature of Indirect Beneficial Ownership			
				(Month/Day/	reary	0,		Amou	unt	(A) or (D) Price			Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)	
Common Stock 0		07/01/2015	1		M4	666(1)		Α	\$0.00(2)		18,166		D					
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls									Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership tt (Instr. 4)		
					(A)	(D)	Date Exercisa	able	Expiration Date	or		ount nber res						
Restricted Stock	(2)	07/01/2015		4M		666	66 (3)		(3)	Commo		66	\$0.00 <sup>(4)</sup>		1,334			

## **Explanation of Responses:**

- 1. On July 1, 2015, 666 restricted stock units vested in 666 shares of common stock of AG Mortgage Investment Trust, Inc. (the "Company").
- 2. Each restricted stock unit represents the right to receive one restricted share of common stock of the Company upon vesting of the unit. This transaction represents the settlement of vested restricted stock units in shares of common stock on their scheduled vesting date.
- 3. The restricted stock units vest in three equal annual installments beginning July 1, 2015, assuming Mr. Sigman's continued employment with Angelo, Gordon & Co., L.P. on such vesting dates, as set forth in the applicable award agreement.
- 4. These restricted stock units were transferred by AG REIT Management, LLC, the Company's external manager (the "Manager"), to Mr. Sigman for his service to the Manager.

## Remarks:

/s/ Raul E. Moreno, Attorneyin-fact for Brian C. Sigman

02/12/2016

\*\* 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.