Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response	: 0.5							

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 [*] Quateman Lisa G	2. Issuer Name and Ticker or Trading Symbol <u>AG Mortgage Investment Trust, Inc.</u> [MITT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) C/O ANGELO, GORDON & CO., L.P.	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024	below) below)						
245 PARK AVENUE, 26TH FLOOR	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) NEW YORK NY 10167		Form filed by More than One Reporting Person						
(City) (State) (Zip)	Rule 10b5-1(c) Transaction Indication							
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) if an (Mon		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	02/28/2024		Р		4,000	A	\$6.0299 ⁽¹⁾	25,364	Ι	By Living Trust ⁽²⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned puts, calls, warrants, options, convertible securities n 0)

(e.g., puts, cans, 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. Transa Code (1 8)		5. Nu of Deriv Secu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	6. Date Exerci Expiration Da (Month/Day/Y	te	7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
											Amount				

Explanation of Responses:

1. Represents a weighted average price per share. These shares were purchased in multiple transactions ranging from \$6.0299 to \$6.03, inclusive. The reporting person undertakes to provide upon request by the staff of the U.S. Securities and Exchange Commission, the Issuer or a security holder of the Issuer, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote

Date

Exercisable

(D)

(A)

2. Securities held by the Quateman Living Trust of which the reporting person is a trustee.

Remarks:

/s/ Jenny B. Neslin, Attorneyin-Fact for Lisa G. Quateman

Number

Shares

Title

Expiration

Date

02/28/2024

** 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).

Code

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.