Ford Elwin A Form 3 December 19, 2012

UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person * Ford Elwin A			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol MFA FINANCIAL, INC. [MFA]					
(Last)	(First)	(Middle)	12/14/2012		4. Relationshi Person(s) to Is	p of Reporting		5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O MFA FI INC., 350 I 20TH FLOO NEW YORK	PARK AVI R (Street)	ENUE,			Director _X_ Officer	all applicable) 10% (Other v) (specify below SVP	Owner	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)		Table I - N	Non-Derivat	ive Securiti	es Be	neficially Owned		
1.Title of Secur (Instr. 4)	ity			2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*		
COMMON S PER SHARE		AR VALU	E \$0.01	0		D	Â			
8.5% Series A		ive Redeer	nable	0		D	Â			
COMMON S PER SHARE		AR VALU	E \$0.01	0		I	N/A			
8.5% Series A		ive Redeer	mable	0		I	N/A			
Reminder: Repo		ate line for ea	ch class of sec	urities benefic	ially S	EC 1473 (7-02)			

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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		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Ford Elwin A						
C/O MFA FINANCIAL, INC.	â	â	SVP	â		
350 PARK AVENUE, 20TH FLOOR	А	Α	A SVP	A		
NEW YORK, NY 10022						

Signatures

/s/ ELWIN A.
FORD

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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