FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL									
OMB Number:	3235-0287								

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for

the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	struction 10.				Ta :								1-	- · · · · · · · · · · · · · · · · · · ·					
1. Name and Address of Reporting Person* PAPERIN STEWART J					2. Issuer Name and Ticker or Trading Symbol Armour Residential REIT, Inc. [ARR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
1711 LIC	<u>arv brizv</u>	VIIICI J												✓ Directed				Owner	
(Last) (First) (Middle) 3001 OCEAN DRIVE SUITE #201					3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024								Officer (give title Other (specify below) below)						
5011L #.	201				_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) VERO BEACH FL 32963					_									Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Tabl	le I - No	n-Deriv	/ative	Sec	uriti	es Ac	quired,	Dis	posed o	of, or Be	neficia	Ily Owne	d				
Date				2. Transa Date (Month/D	Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) od Of (D) (Instr. 3, 4		5. Amoun Securities Beneficia Owned Fo	s lly ollowing	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			(instr. 4)	
Common Stock, par value \$0.001 per share 08/22/2					2024				M ⁽¹⁾		520	A	\$0	23,867			1	See Footnote ⁽²	
Common Stock, par value \$0.001 per share														20) 8		D		
		Т	able II -								osed of			y Owned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		saction 3A. Deemed Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number		6. Date Ex Expiration (Month/Da	ercis Date	able and	7. Title and Amount of Securities Underlying Derivative (Instr. 3 ar	d f g Security	Derivative Security (Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followin Reporte Transaci (Instr. 4)	ve es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh t (Instr. 4)	
													Amount or Number						
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Shares						

Explanation of Responses:

- 1. On August 22, 2024, the reporting person elected to convert 520 out of the 520 shares of vested phantom stock into 520 shares of ARMOUR common stock. The 520 shares are part of, and relate to, phantom stock vesting over five-year periods, which was reported on Form 4 reports filed by the reporting person on January 14, 2021 and February 14, 2023.
- 2. Represents shares owned indirectly through the Stewart J. Paperin Family Trust, Mr. Paperin has a pecuniary interest in and investment control over the shares held by the Trust.
- 3. Each unit of phantom stock is the economic equivalent of one share of ARMOUR common stock.

Remarks:

/s/ Stewart J. Paperin

08/23/2024

** 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).

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.