FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours ner resnonse | . 05 | | | | | | | | | | |

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

| 1. Name and Address of Reporting Person* Dwyer Robert J (Last) (First) (Middle) 622 N. FLAGLER DR. APT 1103 (Street) WEST PALM BEACH FL 33401 | | | | | | 3. Da 04/0 | 2. Issuer Name and Ticker or Trading Symbol BIMINI CAPITAL MANAGEMENT, INC. [BMNM] 3. Date of Earliest Transaction (Month/Day/Year) 04/06/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | (Chec X | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
|--|--|----------|--|-----------------|---------------------------------|------------------------------|---|-----------------|---|--|------------------|---|--|---|---------|---|---|-------------------------|--|--|--|
| (City) | ı | (Stat | te) (Z | ːip) | | | Person | | | | | | | | | | | | | | |
| | | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or B | ene | ficiall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | Date, | | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | | Code | v | Amount | (A) (D) | r P | rice | Transa (Instr. 3 | ction(s) | | | (111501.4) | |
| Class A Common Stock 04/06/2 | | | | | 020 | | | P | | 100 | A | 4 | 0.565 | 1,17 | 79,292 | | D | | | | |
| Class A Common Stock 04/06/2 | | | | | 2020 | | | P | | 4,500 | A | 1 | \$0.68 | 1,18 | 33,792 | | D | | | | |
| Class A Common Stock 04/07/2 | | | | 2020 | | | | P | | 3,400 | A | 4 | 0.665 | 1,187,192 | | | D | | | | |
| | 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 | on se | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Oi Oi Oi (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Date Exercis | able | Expiration Date | Number of Shares | | . | | | | | | | | |

Explanation of Responses:

/s/ Robert J. Dwyer

04/07/2020

** Signature of Reporting Person

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.