SEC Form 5

| UNITED STATES SECU | RITIE | S AND EXCHANGE COMMISSION |
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Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0362 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

Form 3 Holdings Reported. []

FORM 5

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

| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| OWNERSHIP | | | | | | | | |

| X Form 4 Transaction | ns Reported. | 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* Cauley Robert E (Last) (First) (Middle) C/O BIMINI CAPITAL MANAGEMENT, INC. 3305 FLAMINGO DRIVE | | (Middle) | 2. Issuer Name and Ticker or Trading Symbol BIMINI CAPITAL MANAGEMENT, INC. [BMNM] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015 | | Officer (give title Other (enceit) | | | |
| (Street) VERO BEACH (City) | FL (State) | 32963 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing (Form filed by One Repor Form filed by More than (Person | ting Person | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acc (D) (Instr. 3, 4 an | | or Disposed Of | 5. Amount of Securities Beneficially Owned at end of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|--|---------------|----------------|---|---|---|
| | | | | Amount | (A) or (D) | Price | Issuer's Fiscal Year (Instr. 3 and 4) | | |
| Class A Common Stock | 09/28/2015 | | L4 | 100 | A | \$1.39 | 1,034,838 | D | |
| Class A Common Stock | 09/29/2015 | | L4 | 2,900 | A | \$1.4 | 1,037,738 | D | |
| Class A Common Stock | 11/20/2015 | | L4 | 1,100 | A | \$1.343 | 1,038,838 | D | |
| Class A Common Stock | 12/30/2015 | | L4 | 1,030 | A | \$0.7399 | 1,039,868 | D | |
| Class A Common Stock | 12/30/2015 | | L4 | 357 | A | \$0.74 | 1,040,225 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 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 Security (Instr. 3 and 4) | | 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) |
|---|---|--|---|---|---|-----|--|--------------------|---|--|---|--|--|--|
| | | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

/s/ Robert E. Cauley

** Signature of Reporting Person

01/07/2016 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.