FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OIVID APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average h | nurdon | | | | | | | | |

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

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

| Name and Address of Reporting Person* Cauley Robert E | | | | | | BIMINI CAPITAL MANAGEMENT, INC. [BMNM] | | | | | | | | | Check X | ationship of Reporting all applicable) Director Officer (give title | | g Perso | 10% C | owner | |
|--|---|---|---|---------|------------|---|-----|--------|----------------------------------|------------------------------|----------------------|---|------------------------------------|--|---|---|--------------------------|---|-------|---|--|
| | ` | irst) (Middle) TAL MANAGEMENT, INC. DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2014 | | | | | | | | | X Officer (give title below) Other (specific below) | | | | | | |
| (Street) VERO B. (City) | EACH F | | 32963 (Zip) | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | <i>'</i> | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date | | Date, | Transaction Dispose Code (Instr. | | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | | and 5) Secu Bene | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A) or (D) | | Price | . | Transaction(s) (Instr. 3 and 4) | | | | (111341.4) | | | | |
| Class A Common Stock 02 | | | | 02/19 | 19/2014 | | | | A | | 250,000 | (1) | A | \$0.38(2) | | 911,410 | | I |) | | |
| Class A C | Common S | tock | 02/19/2014 P 113,158 ⁽³⁾ A \$0.38 ⁽²⁾ 1,024,568 | | | | | | I |) | | | | | | | | | | | |
| | | Ta | | | | | | | | | osed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deen Executio if any (Month/E | n Date, | Code (Inst | | | | 6. Date I Expirati (Month/ | Amo Secu Unde Deriv | <u></u> | str. 3 | Deriv Secu | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | m: ect (D) ndirect | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Nur | nber | | | | | | | |

Explanation of Responses:

- 1. On February 13, 2014 the Board of Director's approved the issuance of shares to the reporting person under the 2011 Long Term Incentive Compensation Plan.
- 2. The price is based on the market closing price on February 13, 2013.
- 3. Purchased newly issued shares directly from the Company.

/s/ Robert E. Cauley ** Signature of Reporting Person 02/19/2014

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.