FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ashington.	D.C. 20549	

Vashington,	D.C.	20549	
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STATEMENT	OF CHA	NGES IN	BENEFICIAI	_ OWNERSHIP

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Cauley Robert E								and Ticke and Cap		٠.	,					ble)	Perso	10% Ow	ner
(Last) (First) (Middle) C/O BIMINI CAPITAL MANAGEMENT, INC 3305 FLAMINGO DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 12/29/2022									Officer (give title Other (specify below) below) Chief Executive Officer				
(Street) VERO BE			32963			4. If Amendment, Date of Original Filed (Month/Day/Year) 01/03/2023						6. Ind Line)	rividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St		Zip)																
		Та	ble I - Nor	1-Deriv	ativ	e Se	ecur	ities Acc	quired	Dis	posed o	f, or Be	nefi	cially	Owned				
Da		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dis		4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4) or 4 and 5)	Securities Beneficial	Beneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	r	Price	Transactio				,111341. 4)
Common S	Stock			12/29	9/202	22			М		1,065	(1) A		\$ <mark>0</mark>	\$0 43,699 D				
Common S	stock			12/29	9/202	22			F		124(2) D		\$11(3)	\$11 ⁽³⁾ 43,575 D				
			Table II - I								osed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		l. Fransaction Code (Instr. I)		Derivative E		6. Date I Expiration (Month/I	on Dat			ties 1g De	rivative	Derivative ve Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				С	ode	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Nu	ount or mber of ares		(Instr. 4)	(-/		
Performance Units	(1)	12/29/2022			M			1,065.99	(1)		(1)	Common Stock	1,0	065.99	\$0	19,54	16	D	

Explanation of Responses:

- 1. These shares represent 1,065 shares of the Company's common stock issued upon the vesting of Performance Units awarded to the Reporting Person on March 22, 2021 pursuant to the Issuer's 2012 Long Term Incentive Compensation Plan and 2020 Long Term Equity Incentive Compensation Plan. Cash was paid in lieu of issuing fractional shares based on the closing price of the Company's common stock on December 27, 2022.
- 2. The Reporting Person disposed of these shares of the Company's common stock to the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting of shares.
- 3. The price represents the closing price of the Company's common stock on December 27, 2022.

This amendment is being filed to change the reference in the footnotes from dates in September 2022 to December 2022, which were inadvertently misstated. The information presented in the tables is unaffected by this amendment

> /s/ Robert E. Cauley 01/04/2023 ** 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.