FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: 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

| Name and Address of Reporting Person* Tecotzky Mark | | | | | | 2. Issuer Name and Ticker or Trading Symbol Ellington Residential Mortgage REIT [EARN] | | | | | | | | | Check | all app | p of Reportin blicable) ctor er (give title | 10 | % O | suer wner specify |
|---|---|------|---|----------|--------|--|--------|---|--|----------|-----------------------|---|--------------------------|---------|--|---|--|---|-----------|--|
| (Last) (First) (Middle) 53 FOREST AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2016 | | | | | | | | | X Officer (give title below) Co-Chief Investment Officer | | | | | |
| (Street) OLD GREENV | | | 06870 | | 4. If | Amen | dment, | ent, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (3) | | Zip) e I - N o | on-Deriv | /ative | Sec | uritie | s Ac | auirea | d. Dis | sposed o | f. or | Ber | nefici | allv | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | ion 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | | | and 5) Sec Ben Owr | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) |
| Common shares 01/15/ | | | | 2016 | 2016 | | | P | | 862 | | A | \$10.72(1) | | (1) 862 | | D | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deer Execution if any (Month/I | ned 4. | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe | | nstr. 3 | | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | Code | l _v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | of Sh | ares | | | | | | | | | |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$10.63 to \$11.02. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected. All purchases pursuant to this transaction were made pursuant to a 10b5-1 trading plan adopted by the reporting person.

Remarks:

/s/ Jason Frank, as attorney-in-01/20/2016 fact for Mark Tecotzky

** 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.