### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden 0.5 hours per response

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* <u>TOMKINSON JOSEPH R</u>						2. Issuer Name and Ticker or Trading Symbol  IMPAC MORTGAGE HOLDINGS INC [ IMH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Check (specify)					
(Last) (First) (Middle) 19500 JAMBOREE ROAD					3.	3. Date of Earliest Transaction (Month/Day/Year) 06/09/2009									X Officer (give title Other (specify below)  Chairman, Chief Execut. & Dir.					
(Street) IRVINE CA 92612					4.	If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	City) (State) (Zip)				_										Person	cu by mor	c truir	One repor		
		Та	ble I - Nor	ı-Deri	ivativ	ve Se	ecurities	s Ac	quired,	Disp	osed o	f, or	Bene	eficially	Owned					
					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amoun Securities Beneficia Owned Fo Reported	lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount		(A) or (D)	Price	Transacti	rsaction(s) tr. 3 and 4)			` ′	
Common Stock															76	69		D		
Common Stock															5,9	5,955		I	401K	
Common Stock															1,1	.30		I	IRA	
Common Stock															28,521			I	by Trust	
			Table II -						uired, D s, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	Date	able and 7. Title of Security Underly Derivat		itle and Amount ecurities lerlying vative Security tr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	o N	mount r umber f Shares	nt (Inst er		ction(s) 1)			
Incentive Stock Option (right to buy)	\$41.8								03/27/200	1 0	3/27/2011	Comi		2,300		2,300		D		
Non- Qualified Stock Option (right to buy)	\$41.8								03/27/200	1 0	3/27/2011	Com		21,700	21,7		0	D		
Incentive Stock Option (right to buy)	\$0.53	06/09/2009	06/09/200	9	A		188,679		06/09/201	0 0	6/09/2019	Com: Sto		88,679	\$0.53	188,67	79	D		
Non- Qualified Stock Option (right to	\$0.53	06/09/2009	06/09/200	9	A		11,321		06/09/201	0 0	6/09/2019	Comi		11,321	\$0.53	11,32	1	D		

#### **Explanation of Responses:**

#### Remarks:

Share amounts give effect to the 1-for-10 reverse stock split effected in December 2008.

Joseph R. Tomkinson

06/11/2009

\*\* 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.