SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

	Address of Repo DRIE OBI	2. Date of E Requiring S (Month/Day 09/17/202	Statement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>IMPAC MORTGAGE HOLDINGS INC</u> [IMH]						
(Last) 19500 JAM (Street) IRVINE (City)	(First) IBOREE RD, CA (State)	(Middle) 92612 (Zip)	_ 00/1//202		Issuer	ationship of Reporting k all applicable) Director Officer (give title below) EVP, CIO and	10% C Other below))wner (specify	A Person	/Year) pint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned(e.g., puts, calls, warrants, options, convertible securities)										
, (2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			4. Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
I I I I I I I I I I I I I I I I I I I			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) e or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

Obi Nwokorie

Date

09/27/2021

** Signature of Reporting Person

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 5 (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.