## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

						л 5ec	11011 30	J(11) OI TN	e investmei	IL COI	прапу Ас	1 01 19	40						
1. Name and Address of Reporting Person*  TOMKINSON JOSEPH R					<u>II</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  V Officer (give title Other (specify													
(Last) 1401 DC	(F OVE STREI	iirst) ET	(Middle)			Date 2/09/2		liest Trar	nsaction (Mo	onth/[	Day/Year)		X Office (give tide Strile (specify below)  Chairman, Chief Execut. & Dir.						
(Street) NEWPORT CA 92660			4.	If Am	endme	ent, Date	of Original	Filed	(Month/Da	Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person								
(City)	(S	state)	(Zip)																
		Та	ble I - Noi	n-Deriv	vativ	/e S	ecuri	ities A	cquired,	Dis	posed	of, o	r Ben	eficiall	y Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (					5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
-	0. 1								Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)					
Common				02/0							2.425	2.422(1)		Φ0	+	7,687		D	40177
Common				02/09/2004		<del></del>			P		3,432	3,432 <sup>(1)</sup> A		\$0	+	33,757			401K IRA
Common				02/0	09/2004				M		46,60	6,666 A		\$7.68		11,300 233,607			by Trust
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned											oy muc								
									s, option										
1. Title of Derivative Security  1. Title of Conversion or Exercise Price of Derivative Security  1. Title of Conversion Date (Month/Day/Year)  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  4. Conversion Date (Month/Day/Year)  5. Conversion Date (Month/Day/Year)  6. Conversion Date (Month/Day/Year)		ate, 1	4. Transaction Code (Instr. 8)		ı of Ex		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security Security (Instr. 5) Owned Followin Reporter Transact (Instr. 4)		e s ully g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	o N	mount r umber f Shares					
Incentive Stock Option (right to buy)	\$10.95								07/30/200	3 0	7/30/2006	Com Sto		27,396		27,39	06	D	
Incentive Stock Option (right to buy)	\$14.27								07/29/200	6 0	7/29/2007	Com Sto		7,000		7,000		D	
Non- Qualified Stock Option (right to buy)	\$4.18								03/27/200	1 0	3/27/2011	Com Sto	mon ock 2	40,000		240,000		D	
Non- Qualified Stock Option (right to buy)	\$7.68	02/09/2004			M			46,666	07/27/200	2 0	7/27/2005	Com Sto	mon ock	46,666	\$7.68	33,33	334 D		
Non- Qualified Stock Option (right to buy)	\$10.95								07/30/200	3 0	7/30/2006	Com	mon ,	72,604		72,60	)4	D	
Non- Qualified Stock Option (right to	\$14.27								07/29/200	4 0	7/29/2007	Com	mon ock 1	43,000		143,00	00	D	

## Explanation of Responses:

 $<sup>1. \</sup> These \ shares \ were \ acquired \ through \ contributions \ or \ reinvestment \ of \ dividends \ in \ the \ 401K \ Plan.$ 

\*\* 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.