FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, 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 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | (| , | _ | | | 1 | | | | | | | | | |
|--|-------------|--|---|-------------|---|-------------------------------|---------|--------------|-----------------------------------|-----------------------------|---|--------------------|--|---|--|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* AKIN THOMAS B | | | | | 2. Issuer Name and Ticker or Trading Symbol IMPAC MORTGAGE HOLDINGS INC [IMH] | | | | | | | | | | | elationship o eck all applio Directo | cable) | g Pers | . , | wner | |
| (Last) 30 LIBE SUITE 3 | RTY SHIP | * | (Middle) | | | of Earlie | est Tra | nsact | action (Month/Day/Year) | | | | | | below) | | | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| (Street) | | A | 94965 | | 4. 1 | | | | | | | | | | |) <mark>X</mark> Form f | dual or Joint/Group Filing (Ch Form filed by One Reporting Form filed by More than One | | orting Perso | g Person | |
| (City) | (S | tate) | (Zip) | | - | | | | | | | | | | | Persor | | re than | i One Repo | rting | |
| | | Tab | le I - No | n-Deri | vative | e Se | curiti | es A | cqu | ired, [|)isp | osed o | of, or | Bene | eficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, | | e, | 3. Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | (A) or | 5. Amou Securitie Benefici Owned F | nt of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | Amount | (, | A) or D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | 10/1 | 14/2020 | | | | | S | | 5,011 | 1 D | | \$1.37 | 1,22 | 1,222,618 | | I | Held by Talkot Fund, LP | | |
| Common Stock | | | 10/1 | 15/2020 | | | | | S | | 3,000 | 0 | D | \$1.38 | 1,21 | 1,219,618 | | I | Held by Talkot Fund, LP | | |
| Common | ommon Stock | | | 10/1 | 0/16/2020 | | | | | S | | 500 | | D | \$1.4 | 1,219,118 | | | I | Held by Talkot Fund, LP | |
| | | 1 | Table II - | | | | | | | | | sed of, onverti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversi or Exercipice of Derivative Security | | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ed Date, | 4. Transa | ransaction ode (Instr. | | 5. Number of | | ate Exercitation Dinth/Day/ | isab | ole and | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Amount | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | | xpiration ate | Title | N O | amount or lumber of shares | | | | | | |
| Non- Qualified Stock Option | \$13.72 | | | | | | | | 08/3 | 30/2018 ⁽¹ | 0 | 8/30/2027 | Comn | | .0,000 | | 10,00 | 0 | D | | |
| Non- Qualified Stock | \$3.75 | | | | | | | | 02/2 | 26/2020 ⁽²⁾ | 0: | 2/26/2029 | Comn | | 30,000 | | 30,00 | 0 | D | | |

Explanation of Responses:

- 1. The awards vest annually in 1/3 increments beginning on 8/30/2018.
- 2. The awards vest annually in 1/3 increments beginning on 2/26/2020.

Thomas B. Akin 10/16/2020

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).