FORM 4

#### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

|                                   |            |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  MFA FINANCIAL, INC. [ MFA ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |                     |  |  |
|-----------------------------------|------------|----------|---|---|--|---------------------|--|--|
|                                   |            |          |   | X   | Director   | 10% Owner           |  |  |
|                                   |            |          |   |   | Officer (give title                                    | Other (specify      |  |  |
| (Last) (First) (Middle)           |            | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)                                |   | below)   | below)              |  |  |
| C/O MFA FINANO                    | CIAL, INC. |          | 06/08/2022  |   |  |                     |  |  |
| ONE VANDERBILT AVENUE, 48TH FLOOR |            |          |   |   |  |                     |  |  |
| (Street)                          |            |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        | 6. Indiv  | dividual or Joint/Group Filing (Check Applicable Line) |                     |  |  |
| NEW YORK                          | NY         | 10017    |   | X   | Form filed by One Reportin                             | g Person            |  |  |
| NEW TORK                          | INI        | 10017    |   |   | Form filed by More than On                             | ne Reporting Person |  |  |
| (City)                            | (Ctata)    | (7in)    |   |   |  |                     |  |  |
| (City)                            | (State)    | (Zip)    |   |   |  |                     |  |  |

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Transaction Code (Instr. |   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and 5) |               |       | Following Reported              | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|--------------------------|---|--|---------------|-------|---------------------------------|---|--|
|                                 |  |   | Code                     | v | Amount   | (A) or<br>(D) | Price | Transaction(s) (Instr. 3 and 4) |   | (Instr. 4)                                 |

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security (Instr.<br>3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transac<br>Code (li<br>8) |   | Derivative |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                           | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security (Instr.<br>3 and 4) |                                     | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|---|---|--|---|---------------------------------|---|------------|-----|--|---------------------------|--|-------------------------------------|---|--|--|--|
|   |   |  |   | Code                            | v | (A)        | (D) | Date<br>Exercisable  | Expiration<br>Date        | Title  | Amount<br>or<br>Number<br>of Shares |   | Transaction(s)<br>(Instr. 4)   |  |  |
| Restricted Stock<br>Units                           | (1)   | 06/08/2022                                 |   | A                               |   | 10,973     |     | 01/15/2028 <sup>(2)</sup>                                      | 01/15/2028 <sup>(2)</sup> | Common<br>Stock  | 10,973                              | \$0   | 35,116 <sup>(3)</sup>  | D  |  |

## Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ the \ right \ to \ receive \ one \ share \ of \ MFA \ Financial, \ Inc. \ common \ stock.$
- 2. The restricted stock units were fully vested as of the date of grant and will be settled in an equivalent number of shares of MFA common stock. Except in certain circumstances, the restricted stock units will be settled on the earlier of (i) the reporting person's termination of service as a director of MFA Financial, Inc. and (ii) on or about January 15, 2028.
- 3. Number of derivative securities beneficially owned has been adjusted to reflect the issuer's 1-for-4 reverse stock split effected on April 4, 2022.

/s/ Harold E. Schwartz, by power of attorney 06/09/2022

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.