## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287
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0.5

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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

							. ,				<u>'</u>										
1. Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Kain G	<u>ary D</u>				1231	American Capital Agency Corp [ AGNC ]								- [ ]		Direc	ctor 109		10% C	wner	
,					.										X	Office	er (give title		Other	(specify	
(Last)	(=	irst) (	(Middle)		3 D	3. Date of Earliest Transaction (Month/Day/Year)									Λ	belov			below)		
` ′	`	,	(wildule)			02/28/2011									CIO and SVP						
2 BETHESDA METRO CENTER																					
14TH FL	OOR																				
					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Li	Line)						
BETHES	DA M	ID :	20814												X	Form	n filed by One	e Reporti	ng Pers	on	
DETTIES	DA IV.	נוט .	20014													Form	n filed by Mo	re than O	ne Rep	orting	
					1											Pers	on				
(City)	(S	tate) (	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Ins	tr. 3)		2. Trans	action	Execution Date,			3.	3. 4. Securities Acquired (A) Transaction Code (Instr. 5)							6. Owne		7. Nature		
				Date (Month/I	Dav/Yea								) (Instr.	3, 4 a	nd				orm: Direct O) or Indirect	of Indirect Beneficial	
(Monan)					Dayric	(Month/Day/Year)							Owned Following (i)			l) (Instr. 4)	Ownership				
									I I		(A) or Dr			Repo			ted action(s)		(Instr. 4)		
									Code	V	Amount	(D) Pric		Price			3 and 4)				
Common Stock, par value \$0.01 per share 02/28/2					2011(1)			A	53,614		4 A		(2	(2) <b>119,599</b> (3)		9,599(3)	D				
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		16									onvertib				y Ov	viieu					
					4.	1. 5. Number 6. Date Exercisable and 7. Title and								0 Dr	ice of	9. Number o	of 10.		11. Nature		
Derivative	Conversion	Date	Execution		Transaction				Expiratio	Expiration Date			Amount of		Derivative		derivative	Own	Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any	v/Voor)	Code ( 8)	Instr.			(Month/D	ay/Ye	ar)		urities		Security		Securities Beneficially		Form: Direct (D)	Beneficial Ownership	
(Instr. 3)   Price of   (Month/Day/Year)   8					0)		Securities Acquired					Underlying Derivative		(Instr. 5)		Owned	or In	or Indirect	(Instr. 4)		
Security					(A		(A) or					Security (Instr. :				Following Reported	(1) (11	(I) (Instr. 4)			
							Disposed of (D)					anu	and 4)				Transaction	(s)			
							(Instr. 3, 4										(Instr. 4)				
				F		and 5)															
													Amor	ount							
						Or   Number															
							Date Exercisal		Expiration Date	Title	of Sha	res									
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## **Explanation of Responses:**

- 1. Date of final allocation of number of shares of AGNC common stock purchased with a cash award made under the American Capital Agency Management, LLC Performance Incentive Plan.
- 2. Not applicable
- 3. Includes 2519 shares of stock received pursuant to the stock dividend declared by the Company on December 17, 2010, payable to all holders of record of common stock on December 31, 2010.

## Remarks:

By Samuel A. Flax, as attorney-in-fact for Gary Kain

03/02/2011

\*\* 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.