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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

| hours per response: | 0.5 |
|--------------------------|-----|
| Estimated average burden | |

| 1. Name and Addres <u>Kain Gary D</u> | ss of Reporting Persor | 1* | 2. Issuer Name and Ticker or Trading Symbol <u>American Capital Agency Corp</u> [AGNC] | | ationship of Reporting Person a all applicable) Director Officer (give title below) CIO and SVF | | 10% Owner | |
|--|--------------------------|----------------|---|------------------------|--|--------------|--------------------------|--|
| (Last) 2 BETHESDA M 14TH FLOOR | (First) //ETRO CENTER | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2009 | Х | | | Other (specify below) | |
| (Street) BETHESDA (City) | MD (State) | 20814 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Gi Form filed by Form filed by Person | One Reportir | 0 | |

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

| 1. Title of Security (Instr. 3) | le of Security (Instr. 3) Date (Month/Day/Year) Le of Security (Instr. 3) A. Deemed Execution Date (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | Securities | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|---|------------------------------------|---------------|-------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11511 4) |
| Common Stock, par value \$0.01 per share | 09/10/2009(1) | | Α | | 8,281 | Α | (2) | 15,281 | D | |

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

| | | | | | | | | | | | - | | | | |
|---|---|--|---|------------------------------|---|--|---------------------------------|--|--------------------|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exerc Expiration Da (Month/Day/) | ate Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

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

Remarks:

| <u>By Samuel A. Flax, as</u> |
|--------------------------------|
| attorney-in-fact for Gary Kain |

09/11/2009

Date

** 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 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.
