OMB: 3235-0049

FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

Primary Business Name: BAYVIEW ASSET MANAGEMENT, LLC |IARD/CRD Number: 157053 | Rev. 10/2012

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you.

- A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):

 BAYVIEW ASSET MANAGEMENT, LLC
- B. Name under which you primarily conduct your advisory business, if different from Item 1.A.: BAYVIEW ASSET MANAGEMENT, LLC

List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.

- C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.), enter the new name and specify whether the name change is of your legal name or your primary business name:
- D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-73638**
 - (2) If you report to the SEC as an exempt reporting adviser, your SEC file number:
- E. If you have a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system, your CRD number: 157053

If your firm does not have a *CRD* number, skip this Item 1.E. Do not provide the *CRD* number of one of your officers, *employees*, or affiliates.

F. Principal Office and Place of Business

(1)Address	(do not	: use a	P.O.	Box):
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Number and Street 1:

Number and Street 2:

4425 PONCE DE LEON BLVD.

5TH FLOOR

City:

State:

Country:

ZIP+4/Postal Code:

CORAL GABLES

33146

Florida

united states

If this address is a private residence, check this box:

List on Section 1.F. of Schedule D any office, other than your *principal office and place of business*, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom

you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest five offices in terms of numbers of *employees*.

(2) Days of week that you normally conduct business at your principal office and place of business:

Monday - Friday Other:

Normal business hours at this location:

9:00 AM TO 5:00 PM

(3) Telephone number at this location:

305-854-8880

(4) Facsimile number at this location:

305-448-8130

G. Mailing address, if different from your principal office and place of business address:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box:

H. If you are a sole proprietor, state your full residence address, if different from your principal office and place of business address in Item 1.F.:

Number and Street 1:

Number and Street 2:

City:

State:

Country: ZIP+4/Postal Code:

Yes No

I. Do you have one or more websites?

If "yes," list all website addresses on Section 1.I. of Schedule D. If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. Some advisers may need to list more than one portal address. Do not provide individual electronic mail (e-mail) addresses in response to this Item.

Provide the name and contact information of your Chief Compliance Officer: If you are an exempt reporting adviser, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:

Other titles, if any:

Telephone number:

Facsimile number:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

Electronic mail (e-mail) address, if Chief Compliance Officer has one:

K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.

Name:

Titles:

Telephone number:

Facsimile number:

	Number and Street 1:		Number and Street 2:					
	City:	State:	Country:	ZIP+4/Postal Code:				
	Electronic mail (e-mail) address, if contact person has one:							
					Yes	No		
L.	Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your principal office and place of business?							
	If "yes," complete	e Section 1.L. of Schedu	lle D.					
					Yes	No		
М.	Are you registered	d with a <i>foreign financia</i>	al regulatory auth	ority?	(6)	C.		
	Answer "no" if you are not registered with a <i>foreign financial regulatory authority</i> , even if you have an affiliate that is registered with a <i>foreign financial regulatory authority</i> . If "yes," complete Section 1.M. of Schedule D.							
					Yes	No		
N.	Are you a public r Exchange Act of 1	eporting company unde .934?	er Sections 12 or :	15(d) of the Securities	C	િ		
	If "yes," provide your CIK number (Central Index Key number that the SEC assigns to each public reporting company):							
					Yes	No		
Ο,	Did you have \$1 byear?	oillion or more in assets	on the last day o	f your most recent fiscal		C		
Ρ.	Provide your <i>Lega</i>	<i>I Entity Identifier</i> if you	have one:					
	A <i>legal entity identifier</i> is a unique number that companies use to identify each other in the financial marketplace. In the first half of 2011, the <i>legal entity identifier</i> standard was still in development. You may not have a <i>legal entity identifier</i> .							

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