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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)		-										
1. Name and Address of Reporting BENDER JAMES J	2. Issuer Name a Two Harbors In			0,0		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
601 CARLSON PARKWAY	(Middle) 7, SUITE 1400	3. Date of Earliest 05/24/2013	Transactio	on (M	onth/Day/	Year)		Officer (give title below) Other (specify below)				
(Street) MINNETONKA, MN 5530	5	4. If Amendment,	Date Origi	nal F	iled(Month/	Day/Yea	r)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip)	Т	able I - N	on-De	erivative	Securit	ies Acqu	ired, Disposed of, or Beneficially	Owned			
(Instr. 3) Date		-	3. Transac Code (Instr. 8)	ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Of Indirec Beneficia	Beneficial		
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock	05/24/2013		Р		10,000	А	\$ 11.46 (1).	16,921	D			

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Numl	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of (Month/Day/Year)		Underlying Security		Securities	Form of	Beneficial			
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative						ecurities ((Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) 0							1	or Indirect	
						Dispo							Transaction(s)	× /	
					of (D)							(Instr. 4)	(Instr. 4)		
					(Instr. 3,										
						4, and 5)									
											Amount				
								Data	Exmination		or				
								Date Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Beneuting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BENDER JAMES J 601 CARLSON PARKWAY SUITE 1400 MINNETONKA, MN 55305	Х							

Signatures

/s/ James J. Bender, By: Rebecca B. Sandberg, Attorney-in-Fact

Explanation of Responses:

- * 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).
- (1) Per share price reflects the weighted average price paid. The shares were purchased in multiple transactions at prices ranging from \$11.43 to \$11.48. The reporting person undertakes to provide, upon request, full information regarding the shares purchased in such transactions.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.