FORM	4
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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

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

#### 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 Per- Abraham Spencer	2. Issuer Name an TWO HARBOF [TWO]			0 5		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector Officer (give title below)Other (specify below)				
(Last) (First) TWO HARBORS INVESTME MADISON AVENUE, 36TH F	3. Date of Earliest 7 05/19/2016	Fransaction	n (Mo	nth/Day/Y	(ear)					
(Street) NEW YORK, NY 10022		4. If Amendment, I	Date Origin	al Fil	ed(Month/D	ay/Year)	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)	Та	ble I - Nor	n-Dei	vivative So	ecuritie	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	Code (A) of (D) (Instr. 8)		(A) or Disposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common stock, par value \$0.01 per share	05/19/2016		А		13,126 ( <u>1)</u>	А	\$ 8.38	26,634	D	
Common stock, par value \$0.01 per share	05/19/2016		F		3,938 ( <u>2)</u>	D	\$ 8.38	22,696	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	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Deriv	vative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o							Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D	·						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	d 5)								
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

# **Reporting Owners**

Bonosting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Abraham Spencer TWO HARBORS INVESTMENT CORP. 590 MADISON AVENUE, 36TH FLOOR NEW YORK, NY 10022	Х						

### **Signatures**

05/23/2016 /s/ Spencer Abraham, 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) Represents a common stock award for service as a director, issued under Two Harbors Investment Corp.'s Second Restated 2009 Equity Incentive Plan.
- (2) The reporting person elected to forfeit shares to satisfy income tax liabilities incurred in connection with the May 19, 2016 common stock award.

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.