FORM 4

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

OMB APPROVAL

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

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 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 Ty	pe Responses	s)																	
1. Name and Address of Reporting Person * ROTH WILLIAM					2. Issuer Name and Ticker or Trading Symbol TWO HARBORS INVESTMENT CORP. [TWO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) TWO HARBORS INVESTMENT CORP., 590 MADISON AVENUE, 36TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 01/26/2017							r)			Chi	ef Investment (Officer			
(Street) NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/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)				(Zip)	Table I - Non-Derivative Securities Acqu							ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			Date	2. Transaction Date Month/Day/Year)	Execut	Deemed cution Date, inth/Day/Yea		(Instr. 8)		(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Follow Reported Transaction(s) (Instr. 3 and 4)		Following	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
					(IVIOI	itti/Day/ i	i cai		Code	V	Amo		(A) or (D)	Price	(msu. 3	(msu. 3 and 4)		` /	(Instr. 4)
Common \$0.01 pe	n stock, pai r share	value	01/26	6/2017					A		274,5 (1)	599 A	A	\$ 8.74	1,359,0	674 ⁽²⁾ .		D	
				Table II -						contains the forced, D	ained orm d isposed	in thi isplay d of, o	is for ys a o or Ben	m are currei ieficial	not req ntly valid	d OMB cor	formation espond unles atrol number	s	1474 (9-02
4 5514 0	I a	la	- 1-		<u> </u>	puts, cal		varra 5.	nts, o	•						0.00	0.37 1 0	Lo	Tan seri
1. Title of Derivative Security (Instr. 3)	-		eay/Year) Exe	3A. Deemed Execution Date any (Month/Day/Ye	e, if	Code	ransaction decode (Instr. 8)		rative rities ired rosed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			e Amou Under Secur		unt of Derivative Security		f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)
								4, and	15)										

Reporting Owners

Departing Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ROTH WILLIAM TWO HARBORS INVESTMENT CORP. 590 MADISON AVENUE, 36TH FLOOR NEW YORK, NY 10022	X		Chief Investment Officer				

Signatures

/s/ William Roth	01/30/2017
**Signature of Reporting Person	Date

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 restricted stock award issued under Two Harbors Investment Corp.'s Second Restated 2009 Equity Incentive Plan. This award vests in three equal annual installments commencing on the first anniversary of the grant date.
- (2) This figure excludes 600 shares of common stock owned by an immediate family member of the reporting person that were included in the reporting person's stock ownership total in his most recent Form 4 filing dated January 28, 2016. The reporting person no longer has a beneficial interest in these shares.

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.