FORM 4

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

OMB APPROVAL

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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 *- POLLINA LISA A				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 Officer (give title below) Other (specify below)					
TWO HARBORS INVESTMENT CORP., 590 MADISON AVENUE, 36TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 05/17/2017								ear)						
(Street) NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)							y/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)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
,			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		etion	(A) or (D)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						(Code	V	Amoi	unt	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock		05/17/2017				A		11,09 (1).	99		\$ 9.91	27,010		D				
Common Stock			05/17/2017				F			3,33 (<u>2</u>)	0		\$ 9.91	23,680		D		
Reminder:	Report on a s	separate line for	each class of securi						Personta conta the fo	ons w ained orm d	/ho i in tl lispl	his for ays a	m are curre	e not req ently valid	uired to re d OMB cor	formation espond unles ntrol number	s	1474 (9-02)
	,				puts, ca									•	<u>. </u>			_
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Date any (Month/Day/Y	e, if	, if Transaction N Code o ar) (Instr. 8) E S A (A C C C C C C C C C C C C C C C C C		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			ate	Amo Unde Secu	tle and ount of erlying rities r. 3 and	8. Price of Derivative Security (Instr. 5)	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	(A)		Date Exerci	isable	Exp	oiration e	Title	Amount or Number of Shares				

Reporting Owners

Panauting Owner Name / Adduces	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
POLLINA LISA A TWO HARBORS INVESTMENT CORP. 590 MADISON AVENUE, 36TH FLOOR NEW YORK, NY 10022	X						

Signatures

**Signature of Reporting Person	Date
—Signature of Reporting Person	Butte

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 17, 2017 common stock award, as approved by the Board of Directors of Two Harbors Investment Corp.

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.