FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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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).

(Print or Type Responses)

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

Name and Address of Reporting Person * SIERING THOMAS					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) (Check all applicable) 10% Owner Other (specify below)				
	ARBORS I	(First) NVESTMI ENUE, SUI	(Middle) ENT CORP., 575 FE 2930		ate of Earlies 4/2019	st Transacti	on (N	Ionth/Day	/Year)				CEO & Presid	ent		
(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)					Table I - Non-Derivative Securities Acqu											
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					6. Ownership Form:	7. Nature of Indirect Beneficial Ownership				
				Code	V	Amount	(A) or (D)	Price	(msu. 5 tale 1)			(Instr. 4)				
Common stock, par value \$0.01 per share 08/14/2019					P		5,000	A	\$ 13.1095	745,7	06 (1)		D			
Common stock, par value \$0.01 per share										121,2	12		I	Thomas E. Siering 2019 Grantor Retained Annuity Trust		
Common stock, par value \$0.01 per share										121,2	12		I	Thomas E. Siering 2019 Grantor Retained Annuity Trust II		
Common stock, par value \$0.01 per share										121,2	12		I	Thomas E. Siering 2019 Grantor Retained Annuity Trust III		
Reminder:	Report on a s	separate line fo	or each class of secu	rities be	eneficially o	wned direct	Per	rsons wh ntained i	no res n this	form are	not req		formation espond unles atrol number	ss	1474 (9-02)	
			Table II		vative Secur						ly Owne	d				
			ate, if	4. Transaction Code (Instr. 8)	5.	6. D and (Mo	and Expiration Date (Month/Day/Year) Am Und Sec			e and nt of lying ties 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)		

			(Instr. 3, 4, and 5)						
		Code	V	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Penanting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SIERING THOMAS TWO HARBORS INVESTMENT CORP. 575 LEXINGTON AVENUE, SUITE 2930 NEW YORK, NY 10022	X		CEO & President				

Signatures

/s/ Thomas Siering	08/15/2019
**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).
- Excludes a total of 363,636 shares indirectly owned by the reporting person through the Thomas E Siering 2019 Grantor Retained Annuity Trust, the Thomas E Siering 2019 Grantor Retained Annuity Trust III. The reporting person is the sole trustee and annuitant of each trust.

(1) Grantor Retained Annuity Trust II and the Thomas E Siering 2019 Grantor Retained Annuity Trust III. The reporting person is the sole trustee and annuitant of each trust. These shares were previously reported by the reporting person as directly owned prior to their contribution to the trusts.

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.