

(Print or Type Responses)

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

OMB APPRO	OVAL			
OMB Number:	3235-0104			
Estimated average burden				
hours per response	0.5			

INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person *- KASNET STEPHEN G			Statemer	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol Two Harbors Investment Corp. [TWO]						
601 CARLSON	PARKWAY,	SUITE 330	10/28/2009				4. Relationship of Issuer	1 0	` /	5. If Amendment, Date Original Filed(Month/Day/Year)		
MINNETONKA	(Street) , MN 55305					(Check _X_ Director Officer (give titl below)	t all applicable) = 10% Owne Other (specification)	eify Applicable X Form	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Beneficially Owned								
1.Title of Security (Instr. 4)	· · · · · · · · · · · · · · · · · · ·			В	Beneficially Owned (Instr. 4)		1	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
No securities are beneficially owned			0	0		D						
Reminder: Report on	Persons		d to the c	ollection	of info	rmation	contained in th	nis form are not	required to res	SEC 1473 (7-02)		
	Tab	le II - Derivati	ve Securitie	es Benefici	ally Ov	wned (<i>e.g</i>	g., puts, calls, war	rants, options, co	nvertible securit	ies)		
1. Title of Derivative (Instr. 4)	Security		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securitie Underlying Derivative Security (Instr. 4)		or Exercise Price of Derivative	Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	Title	Amount Shares	t or Number of	Security	(D) or Indirect (I) (Instr. 5)			

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
KASNET STEPHEN G 601 CARLSON PARKWAY SUITE 330 MINNETONKA, MN 55305	X				

Signatures

/s/ Stephen G. Kasnet	10/26/2009
***Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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.