

(Print or Type Responses)

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

OMB APPROVAL				
OMB Number: 323	35-0104			
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nours 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 *- ROLFO JACQUES R	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 140		- 12/17/2013		4. Relationship of Issuer	1 0	` /	5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) MINNETONKA, MN 55305				X_ Director Officer (give title below)	t all applicable) = 10% Owne Other (specification)	Applicable I X Form fi	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)		Ве		ly Owned		4. Nature of Indire (Instr. 5)	ct Beneficial Ownership		
Common stock, par value \$0.01 per share 20,69			0,697		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 contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Dat (Month/Day/Year)		on Date		and Amount of Securitie ying Derivative Security 4)	s 4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title P	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)			

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
ROLFO JACQUES R 601 CARLSON PARKWAY SUITE 1400 MINNETONKA, MN 55305	X				

Signatures

/s/ Jacques Rolfo, By: Rebecca B. Sandberg, Attorney in Fact	
**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.