## 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).

#### 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 Response	s)																	
1. Name and Address of Reporting Person *- ROTH WILLIAM				TW	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)						
TWO HARBORS INVESTMENT CORP., 590 MADISON AVENUE, 36TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 01/29/2018							ear)		Chi	ef Investment (	Officer				
(Street) NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)							ny/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City	y)	(State)		(Zip)				Table	I - No	on-De	erivativ	e Se	curitie	s Acqı	uired, Dis	sposed of, or	· Beneficially (	Owned	
1.Title of Security (Instr. 3)		Date		Transaction ate Month/Day/Year)	,	ution Da	on Date, if	(Instr. 8)		etion	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)			Benefic Reporte	ount of Securities icially Owned Following ted Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					(Month/Day/Ye		rear,		ode	V	Amou	ınt	(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	
Common stock, par value \$0.01 per share		01/2	1/29/2018					A		109,1 (1)	9,126 A \$ 15		\$ 15.12	788,87	373 (2).		D		
				Table II						con the red, I	tained form d Dispose	in t lispl d of,	his for lays a or Be	rm ard curre	e not rec ently vali ally Owne	d OMB cor	oformation espond unles ntrol number	s	1474 (9-02
1. Title of	2	3. Transacti	on	3A. Deemed	(e.g.	, puts, c	aus,	warra 5.	ants, o					1	tle and	8 Price of	9. Number of	10.	11. Natur
Derivative Security (Instr. 3)				Execution Da Year) any		te, if Transaction Code Year) (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)		Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficia Ownershi (Instr. 4)	
						Code	V	(A)	(D)	Date Exer	cisable	Exp Dat	oiration e	Title	Amount or Number of Shares				

### **Reporting Owners**

Departing Owner Name / Address	Relationships							
Reporting Owner Name / Address		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	01/29/2018			
**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.
- On November 1, 2017, the Issuer effected a one-for-two reverse stock split of its outstanding shares of common stock. The amount of securities reported in this Form 4 has
- (2) been adjusted to reflect the reverse stock split. The total share amount also excludes 90 shares of common stock owned by family members of the reporting person for which he no longer has a beneficial interest.

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.