FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Stimated average burden						
ours per respons	se 0.5					

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 Responses	s)			_														
1. Name and Address of Reporting Person *- Sandberg Rebecca B					2. Issuer Name and Ticker or Trading Symbol TWO HARBORS INVESTMENT CORP. [TWO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)					
TWO HARBORS INVESTMENT CORP., 601 CARLSON PARKWAY, SUITE 1400						3. Date of Earliest Transaction (Month/Day/Year) 05/19/2021								,	Genera	al Counsel and	Secretary		
(Street) MINNETONKA, MN 55305					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	<i>y</i>)	(State)		(Zip)				Table	I - No	n-Dei	rivativ	e Sec	curities	Acq	uired, Dis	sposed of, or	Beneficially (Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Exec		eemed tion Date, if h/Day/Year)	(Instr. 8)		etion	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D) Benefic Repor		Amount of Securities eneficially Owned Following eported Transaction(s) nstr. 3 and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
				(World) Day/ Teal			Code	V	Amoi	unt	(A) or (D)	Price		sii. 5 u id 1)		or Indirect (I) (Instr. 4)	(Instr. 4)		
	Common stock, par value \$0.01 per share 05/19/2021		19/2021				A		111,8 (<u>1)</u>	888	A	\$ 0	296,90	296,906		D			
				table II -	Deri		ecui	rities A	Acquin	Pers cont the f	ons w ained orm d	ho r in th ispla	nis for ays a o	m ar curre	e not rec ently vali ally Owne	d OMB cor	formation espond unles ntrol number	s	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\footnote{\text{Month/Day/}\footnote{\text{V}}}		3A. Deemed Execution Date any (Month/Day/Y	ite, if	4. Transac Code	tion	5. Numl of	ber vative rities ired r osed) : 3,	6. Dat and E	te Exercisable xpiration Date th/Day/Year)		7. Ti Amo Undo Secu	tle and bunt of erlying irities 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)	Beneficial Ownership (Instr. 4)	
						Code	V	(A)		Date Exerc		Expi Date	iration	Title	Amount or Number of Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Sandberg Rebecca B TWO HARBORS INVESTMENT CORP. 601 CARLSON PARKWAY, SUITE 1400 MINNETONKA, MN 55305			General Counsel and Secretary						

Signatures

/s/ Rebecca B. Sandberg	05/20/2021
**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 restricted stock units ("RSUs") granted to the Reporting Person under the Two Harbors Investment Corp. 2021 Equity Incentive Plan. The awards were received as a grant for no consideration. The common stock underlying the RSUs will vest, subject to certain limitations, in equal installments on May 19, 2022, 2023 and 2024.

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.