

(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

Name and Address of Reporting Person * VINAR JASON	2. Date of Event 1 Statement (Month 03/23/2022			ssuer Name and Ticker or Trading Symbol VO HARBORS INVESTMENT CORP. [TWO]			
1601 UTICA AVENUE SOUTH, SUITE 900	03/23/2022	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner		Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)		
ST. LOUIS PARK, MN 55416			X Officer (give tit	X Officer (give title Other (specify		Individual or Joint/Group Filing(Check Applicable Line) Torm filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned				Owned	
1.Title of Security (Instr. 4)	2. Amount of Se Beneficially Ow (Instr. 4)		Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common stock, par value \$0.01 per share		108,512		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		Amount of Securitie 3 Derivative Security	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	ate Expiration Expiration Date	on Title Amo	ount or Number of es	Security	(D) or Indirect (I) (Instr. 5)		
Reporting Owners							

	Reporting Owner Name / Address	Relationships				
		Director	10% Owner	Officer	Other	
	VINAR JASON 1601 UTICA AVENUE SOUTH SUITE 900 ST. LOUIS PARK, MN 55416			Vice President & Head of MSR		

Signatures

/s/ Jason Vinar	03/30/2022
***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.