

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

| OMB APPROVAL | | | | |
|--------------------------|------|--|--|--|
| OMB Number: 3235-0 | 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

| (Print or Type Responses) | | | | | | | |
|--------------------------------------------------------|---------------------|------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------|
| 1. Name and Address of Reporting Person *- EIN MARK | Stateme | 2. Date of Event Requiring Statement (Month/Day/Year) 10/28/2009 | | 3. Issuer Name and Ticker or Trading Symbol Two Harbors Investment Corp. [TWO] | | | |
| 601 CARLSON PARKWAY, SUITE | le) | | | 4. Relationship of Issuer | 1 0 | ` / | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street) MINNETONKA, MN 55305 | | | _X_ Director Officer (give title | | Applicable Line) Applicable Line) Applicable Line) X Form filed by C | | ed by One Reporting Person |
| (City) (State) (Zip | \ | , | | , | Form filed by More than One Reporting | | |
| | <u>'</u> | Table I - Non-Derivative Securities Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 4) | | Beneficially Owned (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirec (Instr. 5) | 4. Nature of Indirect Beneficial Ownership Instr. 5) | |
| unless the form | spond to the o | collection of rrently valid | information OMB contro | contained in th I number. | | t required to responder | |
| 1. Title of Derivative Security 2. Da (Instr. 4) Expi | | nte Exercisable and ration Date h/Day/Year) | | 3. Title and Amount of Securities Underlying Derivativ Security (Instr. 4) | | 5. Ownership Form of Derivative Security: Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shar | Security | (D) or Indirect (I) (Instr. 5) | |
| Warrants | 10/28/2009 | 11/07/2013 | Common Stock | 3,040,000 | \$ 11 | D | |
| Reporting Owners | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | |
|----------------------------------------------------------------------|---------------|-----------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| EIN MARK 601 CARLSON PARKWAY SUITE 330 MINNETONKA, MN 55305 | X | X | | | |

Signatures

| /s/ Mark Ein | | 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.