

(Print or Type Responses)

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

OMB APPROVAL					
OMB Number: 3	235-0104				
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

1. Name and Address of Reporting Person *- OBRIEN TIMOTHY W J	2. Date of Event Requiring Statement (Month/Day/Year) 10/28/2009			3. Issuer Name at Two Harbors 1	nd Ticker or Tradi Investment Con				
(Middle) (601 CARLSON PARKWAY, SUITE 330				4. Relationship of Issuer	1 0	\ /	endment, Date Original th/Day/Year)		
(Street) MINNETONKA, MN 55305			(Check all applicable) Director X Officer (give title below) VP, Sec & General Counsel		cify Applicable I _X_ Form fi	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) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		vned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indire (Instr. 5)	ct Beneficial Ownership			
Common stock, par value \$0.01 per share 5,		5,0	5,000		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)									
Title of Derivative Security 2. Date Exercisable and Expiration Date (Month/Day/Year)		Date	3. Title and Amount of Security Underlying Derivative Security (Instr. 4)			5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Experience Experience Date	piration ite	Title Amou Shares	nt or Number of	(I)	(D) or Indirect (I) (Instr. 5)			
Dan autin a Orași									

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
OBRIEN TIMOTHY W J 601 CARLSON PARKWAY SUITE 330 MINNETONKA, MN 55305			VP, Sec & General Counsel		

Signatures

/s/ Timothy O'Brien	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.