

(Print or Type Responses)

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

OMB APP	ROVAL			
OMB Number:	3235-0104			
Estimated average burden				
hours per respons	se 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 *- SIERING THOMAS	Statemen	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 3				Issuer	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director X_Officer (give title below) CEO, President		5. If Amendment, Date Original Filed(Month/Day/Year)	
MINNETONKA, MN 55305				X_ Director X_ Officer (give tine)			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)	·	Beneficially Owned (Instr. 4)		1	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common stock, par value \$0.01 per sh	are	re 100,000		D				
unless the form d	ond to the c isplays a cur	ollection o	of inform d OMB	mation contained in the control number.		·		
				ned (e.g., puts, calls, war			†	
		e and Amount of Securitie lying Derivative Security 4)	or Exercise Price of Derivative		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)		

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
SIERING THOMAS 601 CARLSON PARKWAY SUITE 330 MINNETONKA, MN 55305	X		CEO, President		

Signatures

/s/ Thomas Siering	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.