FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 *-OBRIEN TIMOTHY W J | | | | | 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) Secretary and General Counsel | | | | | |
| TWO HARBORS INVESTMENT CORP., 601 CARLSON PARKWAY, SUITE 330 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2012 | | | | | | | ıy/Year) | | | | | | |
| (Street) MINNETONKA, MN 55305 | | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | nth/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | Exec any | Deemed cution Date, | if Co | (Instr. 8) | | (4 | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Benefic | ount of Securities cially Owned Following ed Transaction(s) | | Form: | 7. Nature of Indirect Beneficial Ownership |
| | | | | | (IVIOI | ittii/Day/ 1ca | | Code | ; | V | Amour | (A) or (D) | Price | (mstr. 3 | and 4) | | \ / | (Instr. 4) |
| Common stock, par value \$0.01 per share | | | 05/ | 17/2012 | | | | P | | 5 | 5,000 | | \$ 10.28 | 30,000 | 30,000 | | D | |
| Reminder: | Report on a s | separate line fo | r each | | Deri | vative Secu | rities | Acq | uire | Perso contai the fo | ons w ined rm di | who respo in this fo isplays a | orm ar curre | e not rec ently vali ally Owne | uired to re d OMB cor | nformation espond unles ntrol number | s | 1474 (9-02) |
| 1 Tid C | 12 | 2 T | | 3A. Deemed | ` ' ' | | | rants | | | | | | | 0 D.: C | 0 N1 | 10. | 11 N-t |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transaction Date (Month/Day/ | Execution Da any | | e, if Transaction Code (Instr. 8) | | of Deri Secu Acq (A) Disp of (I | Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Und Secu | tle and ount of erlying crities r. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code V | (A) | (D | I | Date Exercis | | Expiration Date | ¹ Title | Amount or Number of Shares | | | | |

Reporting Owners

| Panauting Owney Name / Adduces | Relationships | | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| OBRIEN TIMOTHY W J TWO HARBORS INVESTMENT CORP. 601 CARLSON PARKWAY, SUITE 330 MINNETONKA, MN 55305 | | | Secretary and General Counsel | | | | |

Signatures

| /s/ Timothy O'Brien | 05/18/2012 |
|---------------------------------|------------|
| **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).

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.