FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* TERDAL LAMBER A.					2. Issuer Name <b>and</b> Ticker or Trading Symbol TWO HARBORS INVESTMENT CORP. [ TWO									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
STERN JAMES A				1									X	X Director			10% Ov	vner	
(Last)	(First)	(Mi	iddle)	_	'										Officer (gi	ive title		Other (s below)	specify
TWO HARBORS INVESTMENT CORP					3. Da	3. Date of Earliest Transaction (Month/Day/Year)													
1601 UTICA AVENUE SOUTH, SUITE 900					05/1	05/17/2023													
(Street)					4. If <i>i</i>	If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)					
ST. LOUIS PARK MN 55416														X	X Form filed by One Reporting Person				
												Form filed by More than One Reporting Person							
(City)	(State)	(Zij	p)																
		Ta	able I - Non	-Der	rivativ	re S	ecuritie	s Acq	uired, l	Disp	osed of,	, or E	3enefi	cially Ow	ned				
Date				Transaction ite onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		4. Securit Disposed				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(111511. 4)	
Common stock, par value \$0.01 per share 05/3					17/202	23			A		9,601	9,601 <sup>(1)</sup> A		\$0	44,43	44,433(2)		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date,		`` c	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou Securities Underl Derivative Securit 3 and 4)		derlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)			Expiration Date	Nu		Amount or Number of Shares			5(5)		

## Explanation of Responses:

- 1. Represents restricted stock units ("RSUs") granted to the Reporting Person under the Two Harbors Investment Corp. 2021 Equity Incentive Plan for service as a director. The awards were received as a grant for no consideration. The common stock underlying the RSUs will vest, subject to certain limitations, on the date of the 2024 annual stockholders meeting of Two Harbors Investment Corp.
- 2. On November 1, 2022, Two Harbors Investment Corp. effected a one-for-four reverse stock split of its outstanding shares of common stock. The amount of securities beneficially owned reported on this Form 4 has been adjusted to reflect the reverse stock split.

## Remarks:

/s/ James A. Stern, By: Rebecca B. Sandberg, Attorney-in-Fact

05/18/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.

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 Number.