#### 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

Check this box if no 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 Typ	e Responses	)																
1. Name and Address of Reporting Person * HANSEN DOUGLAS B				2. Issuer Name and Ticker or Trading Symbol REDWOOD TRUST INC [RWT]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner							
(Eirst) (Middle) 1 BELVEDERE PLACE, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 08/10/2009							Officer (give	e title below)	Otl	ner (specify be	ow)			
(Street) MILL VALLEY, CA 94941				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			· · · · · · · · · · · · · · · · · · ·		if Cod (Ins	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Ow Tra	Owned Following Reported Transaction(s)			Ownership Form:	Beneficial		
						ode	V	Amou	(A) or (D)	Price		str. 3 and 4	1)	Direct (D or Indirec (I) (Instr. 4)		Owners (Instr. 4		
Common Stock 08/10/2009		08/10/2009	N		M		8,25	2 A	\$ 11.43	75 30	6,745.29			D				
Reminder: F	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.  SEC 1474 (9-02)																	
			Table II -							d of, or Be ertible secu		ly Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year	if Transaction of E Code Security (Instr. 8) Acq or E of (I (Instr. 8)		Number Derivate Curities cquired Dispose (D)	Derivative Exp curities quired (A) Disposed (D) str. 3, 4,		te Exercisable and ation Date th/Day/Year)		7. T of U Seco	itle and Inderlyi Irities Ir. 3 and	Č		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	Ownersh Form of Derivatir Security Direct (I or Indire	ship of Institute	))
				Code	V			Date Exercisa		Expiration Date	Title	;	Amount or Number of Shares		(Instr. 4)	(Instr.	4)	
Non- Qualified Stock Option (right to buy)	\$ 11.4375	08/10/2009		F <sup>(1)</sup>		22,7	45	(2)	<b>)</b>	12/02/200	191	nmon tock	22,745	\$ 0	14,005	D		
Non- Qualified Stock Option (right to buy)	\$ 11.4375	08/10/2009		F <sup>(3)</sup>		5,7	53	(2)	<b>)</b>	12/02/200		nmon tock	5,753	\$ 0	8,252	D		
Non- Qualified Stock Option (right to buy)	\$ 11.4375	08/10/2009		М		8,2	52	(2)	<b>)</b>	12/02/200		nmon tock	8,252	\$ 0	0	D		

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			

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## **Signatures**

Attorney-in-Fact: Andrew P. Stone	08/11/2009
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)
- (1) This transaction represents the payment of option exercise price by withholding securities incident to the exercise.
- (2) No expiration.
- (3) This transaction represents the withholding of securities incident to the payment of tax liability relating to the option exercise.

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.