longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

Name and Address of Reporting Person * KUBICEK GREG H				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				
(Last) (First) (Middle) 1 BELVEDERE PLACE, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 06/29/2012						-	Officer (give	title below)	Othe	(specify below)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	ALLEY, C		(T)												
(City	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						uired, Disposed of, or Beneficially Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				on Date	Date, if Code (Instr.		(A)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Amount of So wned Following ransaction(s) anstr. 3 and 4)		l (Ownership of orm:	. Nature f Indirect Beneficial Ownership	
			(WOHLI	/Дау/ 1		Code	V Am	ount (A) o	,	isu. 3 and 4)	†)		r Indirect (I) Instr. 4)		
														- CEC 1	174 (0 00)
			Table II -					in this for a current red, Dispose	m are not ly valid OM	required t B control eficially O	o respond (number.		ion containe form displa		174 (9-02)
1 Title of	2	3 Transaction		(e.g., pu	ts, calls	, warra	nts, oj	in this for a current red, Dispose otions, conv	m are not ly valid ON ed of, or Ber ertible secu	required to the control to the contr	o respond (number.	unless the	form displa	ys	, ,
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact Code	tion Se Ac or (D	Number crivative curities equired (Dispose	of A) d of	in this for a current red, Dispose	m are not ly valid ON ed of, or Ben ertible securcisable ion Date	required to the control of the contr	orespond of number. wned d Amount of g Securities	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	To 10. Ownershi Form of Derivativ. Security: Direct (D) or Indirect (I)	11. Natu p of Indire Benefici Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact Code	ts, calls 5. tion De Se or (D) (Ir	Number erivative curities equired (Disposed)	of A) d of and	in this for a current red, Dispose otions, conv 6. Date Exe and Expirat	m are not ly valid ON ed of, or Ben ertible securcisable ion Date	required to the control of the contr	orespond of number. wned d Amount of g Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natu p of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

D 4 0 V /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KUBICEK GREG H 1 BELVEDERE PLACE SUITE 300 MILL VALLEY, CA 94941	X					

Signatures

Attorney-In-Fact: Andrew P. Stone	06/29/2012
**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).
- This transaction relates to the acquisition of Deferred Stock Units in accordance with the deferral election made according to the terms and conditions of the Redwood Trust Inc. Executive (1) Deferred Compensation Plan.
- (2) 100% vested at grant.
- (3) No expiration date is applicable to deferred stock units.

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.