

(Print or Type Responses)

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

OMB APPROVAL					
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#### 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

Name and Address of Reporting Person * COCHRANE COLLIN LEE	2. Date of Event Requiring Statement (Month/Day/Year) -03/18/2013		3. Issuer Name and Ticker or Trading Symbol REDWOOD TRUST INC [RWT]				
(Last) (First) (Middle) 1 BELVEDERE PLACE, SUITE 300	03/16/2013	-03/18/2013		4. Relationship of Issuer	1 0	(s) to 5. If Ame Filed(Mon	endment, Date Original th/Day/Year)
(Street) MILL VALLEY, CA 94941					all applicable)  eOther (spec-below)  Managing Director	Applicable I  X Form fi	ual or Joint/Group Filing(Check Line) led by One Reporting Person led by More than One Reporting Person
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned					
1. Title of Security (Instr. 4)			ount of Sec icially Own 4)	ned	1	4. Nature of Indire (Instr. 5)	ct Beneficial Ownership
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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.							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)  3. Title and Securities Security (Instr. 4)		curities Uncurity	mount of derlying Derivative	Price of Derivative	5. Ownership Form of Derivative Security: Direct	Ownership (Instr. 5)	
	Date Expression Date	piration te Tit	Amoun Shares	t or Number of	Security	(D) or Indirect (I) (Instr. 5)	

## **Reporting Owners**

Donouting Owney Name /	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
COCHRANE COLLIN LEE 1 BELVEDERE PLACE SUITE 300 MILL VALLEY, CA 94941			Controller, Managing Director	

## **Signatures**

Collin L. Cochrane	03/19/2013
**Signature of Reporting Person	Date

### **Explanation of Responses:**

#### No securities are beneficially owned

- \* 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.