# FORM 5

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

OMB APPI	ROVAL
OMB Number:	3235-0362
Estimated averag	ge burden
oure per recoon	co 1.0

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

Form 3 Holdings Reported

Form 4 Transactions

Reported

## ANNUAL 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

1. Name and Address of Macomber Sasha C	2. Issuer Name and Ticker or Trading Symbol REDWOOD TRUST INC [RWT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)  1 BELVEDERE PI	(First)	(Middle) FE 300	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020					X Officer (give title below) Other (specify below) Chief Human Resource Officer			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)  _X_ Form Filed by One Reporting Person			
MILL VALLEY, CA 94941								Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non-Deri	vative Se	curitie	s Acquii	red, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock		03/31/2020		J <u>(1)</u>	139	A	\$ 4.301	139	D		

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 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	oer	and Expiration	on Date	Amou	ınt of	Derivative	of	Ownership	of Indirect	ı
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)	
	Security				Acqu	ired			4)			Owned at	Direct (D)		
					(A) o	r						End of	or Indirect		
					Dispo	sed						Issuer's	(I)		
					of (D	)						Fiscal Year	(Instr. 4)		
					(Instr	. 3,						(Instr. 4)			
					4, and	15)									
										Amount					
										or					
								Expiration		Number					
							Exercisable	Date		of					
					(A)	(D)				Shares					

#### **Reporting Owners**

Reporting Owner Name /	Relationships								
Address	Director 10% Owner		Officer	Other					
Macomber Sasha G. 1 BELVEDERE PLACE SUITE 300 MILL VALLEY, CA 94941			Chief Human Resource Officer						

### Signatures

Attorney-In-Fact: /s/ Andrew P. Stone	02/02/2021
**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) Shares purchased through the 2002 Redwood Trust, Inc. Employee Stock Purchase Plan

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.