(Print or Type Responses)

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

OMB APPROVAL						
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Estimated average bur	den					
hours per response	0.5					

5. Relationship of Reporting Person(s) to Issuer

longer subject to Section 16. Form 4 or Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may 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 Reporting Person* RIIS KENNETH M					2. Issuer Name and Ticker or Trading Symbol NEWCASTLE INVESTMENT CORP [NCT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O NEWCASTLE INVESTMENT CORP., 1345 AVENUE OF THE AMERICAS					3. Date of Earliest Transaction (Month/Day/Year) 05/30/2012						X_ Officer (give title below) Other (specify below) Chief Executive Officer				
(Street) NEW YORK, NY 10105			4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group FilingCheck Applicable Line) _X. Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui					Acquired, I	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye		ear) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		Coo (Ins	de ((str. 8) (A. Securities Acqui A) or Disposed of Instr. 3, 4 and 5) (A) or (D)	(D) Owned Transa	Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership form: E Direct (D)	. Nature f Indirect Beneficial Ownership Instr. 4)		
Reminder:	Report on a s	separate line for eacl		II - Der	·ivati	ive Securiti	ies A	Person this for current	s who respond m are not requir ly valid OMB co osed of, or Benefic	red to respontrol numb	ond unles er.			n SEC 14	174 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	ction	5. Number	r of (A) ed of	6. Date Exerci Expiration Da (Month/Day/Y	Expiration Date of (Month/Day/Year) Sec		Amount ng	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security: Direct (D or Indirect (s) (I)	(Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to buy)	\$ 6	05/30/2012		J ⁽¹⁾		300,000		01/01/2014	03/29/2021(2)	Common Stock, par value \$0.01	300 000	\$ 0	300,000	D	
Stock Option (right to buy)	\$ 4.55	05/30/2012		J <u>(1)</u>		450,000		04/01/2014	09/27/2021(2)	Common Stock, par value \$0.01	450 000	\$ 0	450,000	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
RIIS KENNETH M C/O NEWCASTLE INVESTMENT CORP. 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	X		Chief Executive Officer			

Signatures

/s/ Kenneth M. Riis	06/05/2012
**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).

- The reported stock options were granted by the issuer to Fortress Operating Entity I ("FOE I"), and affiliate of the issuer's manager, on March 29, 2011 or September 27, 2011, as applicable,
- (1) pursuant to the terms of the issuer's Nonqualified Stock Option and Incentive Award Plan adopted on June 6, 2002 and amended and restated effective as of June 23, 2003 and as of February 11, 2004 (the 'Plan'). FOE I assigned such options to the reporting person effective as of May 30, 2012, who assumed the options for no value.
- (2) The stock options may terminate earlier upon termination of employment, as set forth in the applicable award agreement.

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.