FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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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 Ty	pe Response	s)													
1. Name and Address of Reporting Person * Sigman Brian Chad (Last) (First) (Middle) 1345 AVENUE OF THE AMERICAS, 46TH FLOOR				2. Issuer Name and Ticker or Trading Symbol NEWCASTLE INVESTMENT CORP [NCT] 3. Date of Earliest Transaction (Month/Day/Year) 04/11/2013						I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) CFO and PAO				
										X					
(Street) NEW YORK, NY 10105				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Cit		(State)	(Zip)				Tab	ole I - Non-Der	ivative Securities	Acquired, I	Disposed o	f. or Benefi	cially Owned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		B. Securities Acqui A) or Disposed of Instr. 3, 4 and 5)	red 5. Am Owned Transa	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		eficially 6 C F C c c c c c c c c c c c c c c c c c	orm: Direct (D) I full the control of the control o	7. Nature of Indirect Beneficial Dwnership Instr. 4)		
Reminder:	Report on a s	separate line for each	n class of securities b	I - Deriv	ativ	e Securiti	ies A	Person in this to a curre	s who respond form are not red ntly valid OMB	quired to re control nur cially Owned	spond ui nber.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion	5. Numb	er ntive s l (A) sed	6. Date Exerci Expiration Da	Expiration Date o Month/Day/Year) S		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownershi Form of Derivativ Security: Direct (D or Indirect)	Ownersh (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	\$ 6.22	04/11/2013		J ⁽¹⁾		70,000		01/01/2015	12/31/2015(2)	Common Stock, par value \$0.01	70 000	\$ 0	70,000	D	
Stock Option (right to buy)	\$ 6.71	04/11/2013		J ⁽¹⁾		87,500		01/01/2015	12/31/2015(2)	Common Stock, par value \$0.01	87 500	\$ 0	87,500	D	
Stock Option (right to buy)	\$ 6.70	04/11/2013		J(1)		92,500		02/01/2015	12/31/2015(2)	Common Stock, par value \$0.01	92,500	\$ 0	92,500	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sigman Brian Chad 1345 AVENUE OF THE AMERICAS 46TH FLOOR NEW YORK, NY 10105			CFO and PAO			

Signatures

/s/ Brigan Sigman	04/15/2013
**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) 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 2012, or May 2012, or July 2012, as applicable, pursuant to the terms of the issuer's Nonqualified Stock Option and Incentive Award Plan. FOE I assigned such options to the reporting person, 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.