

ORIGEN FINANCIAL INC
 Form 3
 May 12, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â GTH LLC		(Month/Day/Year)	ORIGEN FINANCIAL INC [ORGN]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		04/30/2008		
1100 LANDMARK TOWERS,Â 345 SAINT PETER STREET			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
			<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Other
			(give title below) (specify below)	
			Please see Exhibit 99.1	
SAINT PAUL,Â MNÂ 55102			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input type="checkbox"/> Form filed by One Reporting Person	
			<input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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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)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Shares or Indirect
(I)
(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GTH LLC 1100 LANDMARK TOWERS 345 SAINT PETER STREET SAINT PAUL, MN 55102	^	^ X	^	Please see Exhibit 99.1
CENTERBRIDGE CAPITAL PARTNERS L P 375 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10152	^	^ X	^	Please see Exhibit 99.1
CENTERBRIDGE CAPITAL PARTNERS STRATEGIC L P 375 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10152	^	^ X	^	Please see Exhibit 99.1
Centerbridge Capital Partners SBS, L.P. 375 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10152	^	^ X	^	Please see Exhibit 99.1
Centerbridge Capital Partners AIV II, L.P. 375 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10152	^	^ X	^	Please see Exhibit 99.1
Centerbridge Capital Partners Strategic AIV II, L.P. 375 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10152	^	^ X	^	Please see Exhibit 99.1
Centerbridge Capital Partners AIV III, L.P. 375 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10152	^	^ X	^	Please see Exhibit 99.1
Centerbridge Capital Partners Strategic AIV III, L.P. 375 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10152	^	^ X	^	Please see Exhibit 99.1

Signatures

GTH LLC, By: /s/ Brian F. Corey, Senior Vice President, General Counsel and Secretary

05/12/2008

__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).

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Remarks:

No securities are beneficially owned.

Please see Exhibit 99.1

Exhibit List

Exhibit 99.1 - Explanation of Responses

Exhibit 99.2 - Joint Filer Information

Exhibit 99.3 - Joint Filer's Signatures

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.