#### CHAUVIN KERRY J

Form 4

February 10, 2012

### FORM 4

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

**OMB** 3235-0287

Estimated average

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Number: January 31, Expires: 2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

See Instruction 1(b).

Common

Stock

(Print or Type Responses)

02/09/2012

| 1. Name and Address of Reporting Person * CHAUVIN KERRY J |                                      |                                      | S <u>y</u><br>G                                | 2. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION |                           |   | 5. Relationship of Reporting Person(s) to<br>Issuer  (Check all applicable)  |  |   |
|---|--------------------------------------|--------------------------------------|--|---|---------------------------|---|--|--|---|
|   | (Last)                               |                                      | Middle) 3.                                     | Month/D   | Earliest Tr<br>ay/Year)   | ansaction   | X DirectorX Officer (give below)   | 10%  | Owner   |
| 567 THOMPSON ROAD   |                                      |                                      | 0  | 02/09/2012  |                           |   | Chairman & CEO   |  |   |
|   |                                      | (Street)                             |  |   | ndment, Da<br>th/Day/Year | te Original   | 6. Individual or Jo Applicable Line) _X_ Form filed by 0   | •  | C .   |
| HOUMA, LA 70363   |                                      |                                      |  |   |                           |   | Form filed by More than One Reporting Person   |  |   |
|   | (City)                               | (State)                              | (Zip)  | Table   | e I - Non-D               | Perivative Securities Acq   | quired, Disposed of  | , or Beneficiall   | y Owned   |
|   | 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution D<br>any<br>(Month/Day | Date, if  | Code (Instr. 8)           | 4. Securities Acquired or(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |                                      |                                      |  |   | Code V                    | Amount (D) Deigo  | ,  |  |   |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

F

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164,271.692

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

Amount (D)

D

545

Price

33.42

### Edgar Filing: CHAUVIN KERRY J - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) |                                   |                     | ate             | 7. Title<br>Amoun<br>Under | int of<br>lying<br>ities | 8. Price of Derivative Security (Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene |
|---|---|---|---|---------------------------------------|-----------------------------------|---------------------|-----------------|----------------------------|--------------------------|--|---------------------------------|
|   | Derivative<br>Security                      |   |   |                                       | Securities<br>Acquired            |                     |                 | (Instr.                    | 3 and 4)                 |  | Owne<br>Follo                   |
|   |   |   |   |                                       | (A) or<br>Disposed                |                     |                 |                            |                          |  | Repo<br>Trans                   |
|   |   |   |   |                                       | of (D)<br>(Instr. 3,<br>4, and 5) |                     |                 |                            |                          |  | (Instr                          |
|   |   |   |   |                                       | 4, and 3)                         |                     |                 |                            | Amount                   |  |                                 |
|   |   |   |   |                                       |                                   | Date<br>Exercisable | Expiration Date | Title                      | or<br>Number<br>of       |  |                                 |
|   |   |   |   | Code V                                | (A) (D)                           |                     |                 |                            | Shares                   |  |                                 |

# **Reporting Owners**

| Reporting Owner Name / Address                          | Relationships |           |                |       |  |  |  |
|---|---------------|-----------|----------------|-------|--|--|--|
| 1   | Director      | 10% Owner | Officer        | Other |  |  |  |
| CHAUVIN KERRY J<br>567 THOMPSON ROAD<br>HOUMA, LA 70363 | X             |           | Chairman & CEO |       |  |  |  |

## **Signatures**

Kerry J.
Chauvin

\*\*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).

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.

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