Edgar Filing: GULFMARK OFFSHORE INC - Form 4

GULFMARK O Form 4 July 01, 2015	FFSHORE II	NC									
	1							OMB A	PPROVAL		
FORM 4	UNITED	STATES	TATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287		
Check this bo if no longer subject to Section 16. Form 4 or		MENT OI		U		WNERSHIP OF	Expires: Estimated burden hou response	urs per			
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 19401(b).											
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> Rubio Samuel R			2. Issuer Name and Ticker or Trading Symbol			C	5. Relationship of Reporting Person(s) to Issuer				
		GULFMARK OFFSHORE INC [GLF]				(Check all applicable)					
(Last)	(First) (rst) (Middle) 3. Date of Earliest Transa (Month/Day/Year)					Director X_ Officer (giv	ve title Oth	% Owner ner (specify		
842 W. SAM H PARKWAY N.		06/30/2015				below) below) SVP - Controller & CAO					
		4. If Amendment, Date Original Filed(Month/Day/Year)			1	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
HOUSTON, TX							Person	More than One K	eponing		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deen Execution any (Month/D		Execution	Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)		(A) or of (D) 4 and 5) (A)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Report o	n a separate line	e for each cl	ass of sec	urities bene	eficially own	ned directly	or indirectly.				
					inforn requir	nation cont ed to resp lys a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	Beneficially Owned securities)	l			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

Edgar Filing: GULFMARK OFFSHORE INC - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		/Year)	(Instr. 3 and 4)	
				Code V	(A) (E	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
PHANTOM STOCK	(1)	06/30/2015		А	180.44	<u>(1)</u>	<u>(1)</u>	COMMON STOCK	180.44

Reporting Owners

Reporting Owner Name / Address				Relationships	
	Direc	tor	10% Owner	Officer	Other
Rubio Samuel R 842 W. SAM HOUSTON PAR STE 400 HOUSTON, TX 77024	KWAY N.			SVP - Controller & CAO	
Signatures					
/s/ Samuel	/01/2015				

Rubio

**Signature of Reporting Person

07/01/2015

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).

Phantom Stock units credited under the Company's Executive Nonqualified Excess Plan (the "Plan"). Participants are always 100% (1) vested in their contributions to the Plan. Employer contributions vest according to the provision of the Plan, which is generally based on years of service (20% per year of credited service). A participant is 100% vested after 5 years of credited service.

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.