FORM 4	
Check this box if no	

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations may
continue. See
Instruction 1(b).

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

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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 Type Response 1. Name and Address of GALLAGHER JO	of Reporting Person +	n [±] 2. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIFI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
583 THOMPSON	(First) ROAD		3. Date of Earliest Transaction (Month/Day/Year) 12/10/2004						Director 10% Owner Officer (give title below) Other (specify below) VP Fin./CFO, Treas/Asst Secy				
HOUMA, LA 703	(Street) 63		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)		Table I - N	lon-D	erivative	Securiti	uired, Disposed of, or Beneficially Own	ed				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)	ion	4. Securi (A) or Di (Instr. 3,	isposed o		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						1				or Indirect	(T · A)		

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

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 Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber	6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	tion	of		Expiration Date		of Underlying Deriva		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	e (Month/Day/Year)		Securities Sec		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securiti	es			(Instr. 3 and 4) (I		(Instr. 5)	Beneficially	Derivative	Ownership
l` í	Derivative			· ·		Acquire	ed			` '		. ,	Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
						Dispose	ed						Reported	or Indirect	
						$\hat{of(D)}$							Transaction(s)	(I)	
						(Instr. 3	. 4.						(Instr. 4)	(Instr. 4)	
						and 5)							, í		
											Amount				
											or				
								Date Exercisable	Expiration	Title	Number				
								Bute Entrenouene	Date		of				
				Code	v	(A)	(D)				Shares				
						()	(-)								
Options										Common					
(Right	\$ 21.85	12/10/2004		Α		7,500		12/10/2005(1)	12/10/2014	Stock	7,500	\$ 0	7,500	D	
to Buy)										SIOCK					

Reporting Owners

Benerting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
GALLAGHER JOSEPH P 583 THOMPSON ROAD HOUMA, LA 70363			VP Fin./CFO, Treas/Asst Secy					

Signatures

Joseph P. Gallagher, III	12/13/2004				
**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) Exercisable in annual increments equal to 20% of the total number of options beginning on 12/10/2005 and on the next four subsequent one year anniversaries thereof.

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.