## 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	1 1															
Name and Address of Reporting Person * WILSON HUEY J			2. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIFI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
POST OFFICE BOX 310, 583 THOMPSON ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/11/2005								cer (give title be		Other (specify b	elow)	
(Street)			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							
HOUMA, LA 70361 (City) (State) (Zip)										lired, Disposed of, or Beneficially Owned						
												1			1	
1.Title of S (Instr. 3)	Security	D	Transaction ate Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A) o	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)			Benefic Reporte	ount of Securities icially Owned Following ted Transaction(s) 3 and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership
						Cod	e	V Amo	ount	(A) or (D)	Price				(I) (Instr. 4)	(IIISII. 4)
Common	Stock	0	2/11/2005			G		V 600,	000	D	\$ 0	456,50	00		D	
Reminder:	Report on a s	separate line for e	ach class of securi	ities benef	icially o	wned dii	É	Persons	who i					formation		1474 (9-02)
Reminder:	Report on a s	separate line for e		· Derivativ	ve Secur	rities Ac	F c t quire	Persons of contained the form led, Dispos	who in the display	his for ays a o	m are currei eficial	not req ntly valid	uired to re d OMB cor	oformation spond unles ntrol number.	s	1474 (9-02)
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1. Title of Derivative Security (Instr. 3)	2.	3. Transaction	Table II -	Derivative (e.g., put 4.) Trans Cod	ve Secur is, calls, insaction e tr. 8)	rities Ac warran	quire ts, opt 6 au (!	Persons of contained the form led, Dispos	who in the displayment of the di	his for ays a c or Ben ble secu ble	eficial rities) 7. Titl Amou Under Secur (Instr. 4)	not requally valid  Nowned  The and the and the control of the con	uired to red OMB cond	spond unles	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WILSON HUEY J POST OFFICE BOX 310 583 THOMPSON ROAD HOUMA, LA 70361	X					

## **Signatures**

J	Joseph P. Gallagher, III on behalf of Huey J. Wilson pursuant to Power of Attorney				
	**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.