FORM 4	
Check this box if no	
longer subject to	
0 1 1 0 0 1	

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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 Responses)														
1. Name and Address of R CHAUVIN KERRY	2. Issuer Name and GULF ISLAND I		-		GIFI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
583 THOMPSON RO	(First) DAD		3. Date of Earliest Tra 03/05/2007	ansaction (N	1onth/	/Day/Year	)	_X_Officer (give title below)Other (specify below) President & CEO						
(Street) 4. If Amendment, Date Original Filed(Month/Day/Y HOUMA, LA 70363							ear)		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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	ution Date, if Code (Instr. 8)			ties Acqu isposed of 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership			
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)			
Common Stock		03/05/2007		М		25,000	А	\$ 15	105,457.692	D				

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 SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Number of			6. Date Exercisab	7. Title and Amount		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transac	tion	Deri	vative	Expiration Date	of Underlying		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year	Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	·		uired (A)			(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	
	Derivative						isposed								(Instr. 4)
	Security					of (l	· ·						0	Direct (D)	
							tr. 3, 4,							or Indirect	
						and	5)						Transaction(s) (Instr. 4)	(1) (Instr. 4)	
											Amount		(11150.4)	(11150.4)	
								Date	Expiration		or				
								Exercisable	Date	Title	Number				
				Code	v	$(\Lambda)$	(D)				of Shares				
				Code	v	(A)	(D)				Shares				
Options										Common					
(Right	\$ 15	03/05/2007		Μ			25,000	11/17/2001(1)	11/17/2010	Common Stock	25,000	\$ 0	0	D	
to Buy)										SIOCK					

# **Reporting Owners**

Departing Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
CHAUVIN KERRY J 583 THOMPSON ROAD HOUMA, LA 70363			President & CEO						

### Signatures

 Kerry J. Chauvin
 03/06/2007

 \*\*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 November 17, 2001 and on the next four subsequent 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.