## FORM 4

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

OMB APPROVAL

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

5. Relationship of Reporting Person(s) to Issuer

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

1. Name and Address of Reporting Person \*

(Print or Type Responses)

#### 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

2. Issuer Name and Ticker or Trading Symbol

Flick Michael A			GULF ISLAND FABRICATION INC [GIFI]									(Check all applicable) X Director 10% Owner						
POST OFFICE BOX 310, 583 THOMPSON ROAD			3. Date of Earliest Transaction (Month/Day/Year) 03/07/2008										cer (give title be		Other (specify b	elow)		
		(Street)		4. If A	Amendme	ent, I	Date C	)rigii	nal File	d(Mon	th/Day/	Year)				t/Group Filing(o		ole Line)
HOUMA, LA 70361												_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cit	y)	(State)	(Zip)			Ta	able I	- No	n-Deri	vative	e Secu	ırities	s Acqu	iired, Dis	sposed of, or	Beneficially (	Owned	
(Instr. 3) Date			any	eemed tion Date	ate, if	(Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)				Benefic Reporte	Amount of Securities neficially Owned Following ported Transaction(s) str. 3 and 4)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership		
				(Monu	п/Дау/ те	ai)	Coo	le	VA	Amoui	Ċ	A) or D)	Price	(IIISII. 3	and 4)		Direct (D) or Indirect (I) (Instr. 4)	1
Common Stock 03/0		03/07/2008				P		1	,000	) A	2	\$ 28.91	1,000			D		
			Table II -					quir	the fo	rm di	isplay	ys a or Bei	curre neficia	ntly vali Illy Owne	d OMB co	espond unles ntrol number.		
4 551 0	1.		la. 5 ,	<u> </u>	puts, call	_							T			0.37 1 0	L	44.35.
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Execution Dat	te, if C	e, if Transaction Code ear) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Unde Secu	ele and unt of crlying rities : 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
					Code V	7 (.	A) (		Date Exercis		Expir Date	ation	Title	Amount or Number of Shares				

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Flick Michael A POST OFFICE BOX 310 583 THOMPSON ROAD HOUMA, LA 70361	X							

#### **Signatures**

Robin A. Seibert for Michael A. Flick Pursuant to Power of Attorney

03/07/2008

\*\*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.