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

onses	s)																	
1. Name and Address of Reporting Person *- CHAUVIN KERRY 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)						
(Last) (First) (Middle) 583 THOMPSON ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/09/2011								XOfficer (give title below)Other (specify below)Chairman & CEO					
HOUMA, LA 70363			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 - Non-Derivative Securities Acqu							ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution E any	ution Da	Date, if	f Code (Instr. 8)			1		Benefic Reporte		cially Owned Following red Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(Wollin/Day/Tea		icai		ode	V	Amour	(A) or (D)		Price	(msu. 3	iisu. 3 ui u 4)		or Indirect (Instr. 4)	
		02/	09/2011					F		545	D			157,01	2.692		D	
			Table II -						the for	orm di isposed	isplays I of, or l	a o Ben	curre neficia	ntly vali	d OMB cor	•		
Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date (Month/Day/Year) any		any	te, if	4. Transac Code	tion	5. Number a form of the securities of the securi		· · · · · · · · · · · · · · · · · · ·			7. Tit Amoi Unde Secui (Instr 4)	le and unt of rlying ities . 3 and Amount or Number		Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownersh (Instr. 4)		
	ON I	(First) ON ROAD (Street) 70363 (State) Con a separate line for the control of t	Person Pe	Person Ferror Person Pe	Person of Reporting Person 2 ERRY J ON ROAD (Street) (Street) (Street) (State) (Zip) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) Table II - Deri (e.g. Table II - Deri (e.g. (Month/Day/Year) Of thive	2. Issuer NGULF ISSUERRY J (First) ON ROAD (Street) (Street) (State) (Zip) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	2. Issuer Name GULF ISLAN (First) (Middle) 3. Date of Earlier 02/09/2011 (Street) 4. If Amendment 70363 (State) (Zip) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Table II - Derivative Secur (e.g., puts, calls, ord (Month/Day/Year) 3. 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Table II - Derivative Securities Acquired, Disposed of (D) (Instr. 3) 6. Date Execution Date, if (Month/Day/Year) 8. Transaction Persons warrants, options, conversion of title ty (Month/Day/Year) 8. A. Deemed Execution Date, if (Month/Day/Year) 8. A. Deemed Execution Date (e.g., puts, calls, warrants, options, conversion of the form disposed of (D) (Instr. 3) 6. Date Execution Date (A) or Disposed of (D) (Instr. 3, 4, and 5) Date	2. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [CON ROAD] (Street) (Street) (Street) (Street) 2. Transaction (Month/Day/Year) (O2/09/2011 4. If Amendment, Date Original Filed(Month/Day/Year) (Street) 70363 (State) (Zip) Table I - Non-Derivative Securities Acquired, (A) or Disposed (Instr. 8) (Instr. 8) (Instr. 8) (A) or Ocode (Instr. 8) (Instr. 8) (A) or Ocode (Instr. 8) (A) or Ocode (Instr. 8) (Instr.	2. 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Transaction Date (e.g., puts, calls, warrants, options, convertible securities and Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8) Date Execution Date (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) (Instr. 3) 4. Date Execution Date (Instr. 3) 4. Date Expiration Title Expiration Title	Street Code Code	2. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIF1] (First) ON ROAD (Street) (Street) (State) (State) (State) (State) (State) (State) (State) (State) (A) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (State) (State) (A) (Code (A) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 3 and 4) (Month/Day/Year) (A) (A) (A) (A) (A) (A) (A) (A) (A) (2. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIFT] 5. Relationship of Reporting Person (Check all application of Check all application of C	2. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIFI] (First) (First) (Priest) (Priest) (Priest) (Priest) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (O2/09/2011 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (O2/09/2011 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Month/Day/Year) (Month

Reporting Owners

Donouting Overson Name / Address	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
CHAUVIN KERRY J 583 THOMPSON ROAD HOUMA, LA 70363	X		Chairman & CEO					

Signatures

Kerry J. Chauvin	02/10/2011			
**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.