## FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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hours per response... 0.5

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

(1 Tillt Of Ty	pe Responses	5)		_												
1. Name and Address of Reporting Person * Blanchard William G					2. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIFI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X_Officer (give title below) President & CEO of Subsidiary					
(Last) (First) (Middle) 583 THOMPSON ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/09/2011												
(Street) HOUMA, LA 70363			4. It	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 Acq						lired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Exec any	A. Deemed secution Date, if y Month/Day/Year)	,	(Instr. 8)		(A) or Disposed		of (D) Benefic Reporte		ount of Securities icially Owned Following ted Transaction(s)		6. Ownership Form:	Beneficial	
				(Mo	ontn/Day/	rear)	Code	V	Amoun	(A) or t (D)	Price	(Instr. 3	anu 4)			Ownership (Instr. 4)
	ommon Stock 02/09/2011					F		147	D	\$ 27.29	11,771			D		
		separate line fo	r each class of sec	urities t	beneficial	ly ow	ned dire	Per	sons wl	no respo			ection of in			1474 (9-02)
		separate line fo		I - Deri	rivative Se	ecurit	ties Acq	Per cor the	rsons wintained in form di	no respo n this fo splays a of, or Bo	orm are curre	not req ntly valid	uired to re d OMB cor	formation espond unles atrol number.	s	1474 (9-02)
Reminder:	Report on a s		Table I	I - Der (e.g.	rivative So	ecurit lls, w	ties Acq varrants	Per cor the iired,	rsons what ntained i form di Disposed ns, conve	no responding this formal section of the section of	curre eneficia	e not req ntly valid lly Owne	uired to red OMB cor	spond unles atrol number.	s	
	Report on a s	3. Transaction	Table I	I - Der (e.g.	rivative So., puts, ca  4.  Transact  Code	55 A	ties Acq varrants	Per cor the nired, option 6. D and (Mo	rsons wintained in form di	of, or Bo rible sec	eneficia eurities 7. Tit Amo Unde Secur	e not req ntly valid lly Owne le and unt of rlying	quired to red OMB coned	spond unles	s	11. Natur of Indired Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

Donouting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Blanchard William G 583 THOMPSON ROAD HOUMA, LA 70363			President & CEO of Subsidiary					

### **Signatures**

William G. Blanchard	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.