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

Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer						
Ladd Todd F.				GULF ISLAND FABRICATION INC [GIFI]						(Check all applicable) Director 10% Owner						
16225 PARK TEN PLACE, SUITE 280				3. Date of Earliest Transaction (Month/Day/Year) 03/29/2018							Officer (give title below)Other (specify below)					
(Street) HOUSTON, TX 77084				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						
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu					uired, Dis	red, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date,		(Instr. 8)		(4. Securities Acquired (A) or Disposed of (E) (Instr. 3, 4 and 5)		of (D)			Following (n(s)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
						C	ode	V	Amount	(A) or (D)	Price			(or Indirect (I) (Instr. 4)	(Instr. 4)
Commor	n Stock		03/29/2018				P	4	5,000	A	\$ 7.2	161,00	3		D	
4 77:1 0			Table II -	Derivative			cquir	ed, Dis	rm disposed of	plays a of, or Be	curre neficia	ntly vali	d OMB cor	espond unles: ntrol number.		
1. Title of	1 ~	la m		(e.g., puts,	calls, v	warra	cquir nts, op	ed, Dis	m disposed of convert	plays a of, or Ber tible secu	curre neficia urities	ntly valid	d OMB cor	ntrol number.		La a
Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Y	3A. Deemed Execution Date	e, if Transa Code	calls, vection (8)	warra 5.	per ative ities red seed 3,	ed, Dis	posed of converted Exercise point in the converted to the	plays a of, or Bentible securable Date	neficia urities 7. Tit Amo Unde Secu	ntly Valid	d OMB cord			11. Natur of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

Donouting Owner Name / Adduses	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Ladd Todd F. 16225 PARK TEN PLACE SUITE 280 HOUSTON, TX 77084			COO			

Signatures

Todd F. Ladd	03/29/2018
**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.