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

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

	Responses)																		
1. Name and Address of Reporting Person *- LABORDE JOHN PETER				2. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIFI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) (First) (Middle) 567 THOMPSON ROAD				3. Date of Earliest Transaction (Month/Day/Year) 10/25/2018						Officer (give title below) Other (specify below)									
(Street) 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-D				n-Der	Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execution Date, if		3. Transaction Code (Instr. 8)		(A	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		f(D)			ecurities Beneficially ng Reported		Ownership Form: Direct (D)		Nature of direct eneficial wnership nstr. 4)		
		10/05/0010			Coc		_	nount	(D)	Price					(Instr.	. 4)			
Common Stock 10 Common Stock		10/25/2018				M		1,	426	A		1,849				D I	St	hrough tarboard nterprises	
Reminder: Re	eport on a sep	parate line for each of	class of securities be	neficially	y owi	ned dir	rectly o		-			-1 4 - 41	. .		£ ! £			ar.a	1474 (0.02
Reminder: Ro	eport on a sep	parate line for each of		- Deriva	ative	Secur	rities A	P in a cquired	erson this f curre	orm antly v	are not r alid OMI of, or Ben	equire B cont eficiall	ed to r trol nu	espond ımber.		tion contail e form disp		SEC	1474 (9-02)
	2.	3. Transaction Date (Month/Day/Year)	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p	ative outs, etion	Secur	mber ative eities ired rosed)	P in a cquired	erson this t curre l, Disp ions, co	osed onvertisable	are not r alid OMI of, or Ben tible secu	equire B cont eficially rities) 7. Titlof Un Secur	ed to retrol nutrol nut	espond imber. ed Amount	unless the		of 10 O Fo Se D or (s) (I)	0. Ownership orm of erivative ecurity: birect (D) r Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p	ative puts,	Secur calls, v 5. Nur of Deriv Secur Acqui (A) or Dispo of (D) (Instr.	mber ative eities ired rosed)	equired ats, opti 6. Date Expira	erson this the curre this the curre this the curre	osed of onvert isable ate Year)	are not r alid OMI f, or Ben tible secu and	equire B cont eficially rities) 7. Titlof Un Secur	ed to r trol nu y Own le and a derlyin ities 3 and	espond imber. ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10 O Fo Se D or (s) (I)	0. Ownership orm of Derivative ecurity: Direct (D) r Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
LABORDE JOHN PETER							
567 THOMPSON ROAD	X						
HOUMA. LA 70363							

Signatures

/s/ John Peter Laborde	10/29/2018
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).
- (1) Each restricted stock unit is the economic equivalent of one share of the Issuer's common stock.

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.