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

| 1. Name and Address of Reporting Person * VACCARI CHRISTIAN 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 Officer (give title below) SVP of Shipyard | | | | | | |
|---|---------------|--|---|---|--|------------|--|--|---|---|---|---|---|--|--|
| 16225 PARK TEN PLACE, SUITE 300 | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2021 | | | | | | | | | | | | |
| (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 | | | | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqu | | | | | l nired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, i any (Month/Day/Year | | (Instr. 8) | | 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Benefici | ount of Securities cially Owned Following ed Transaction(s) 3 and 4) | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Code | V | Amount | (A) or (D) | Price | | | | or Indirect (Instr. 4) (I) (Instr. 4) | |
| Common | Stock | | 02/21/2021 | | | F | | 552 (<u>1)</u> | D | \$ 4.35 | 92,673 | | | D | |
| Reminder: | Report on a s | separate line for | each class of securi | ties beneficia | ally ow | ned direct | Perso | ns who | | | | ection of in | | | 1474 (9-02 |
| Reminder: | Report on a s | separate line for | Table II - | Derivative S | Securit | ties Acqui | Perso conta the fo | ons who ined in orm disp sposed o | this fo plays a of, or Be | rm are curre neficia | not req ntly valid | uired to re d OMB cor | oformation espond unles ntrol number. | s | 1474 (9-02) |
| | | separate line for | Table II - | | Securit | ties Acqui | Perso conta the fo | ons who ined in orm disp sposed o | this fo plays a of, or Be | rm are curre neficia | not req ntly valid | uired to re d OMB cor | spond unles | s | 1474 (9-02 |
| 1. Title of | | 3. Transaction | Table II - 3A. Deemed Execution Date | Derivative S (e.g., puts, c 4. Transac Code | Securities alls, we set to be set to | ties Acqui | Perso conta the fo red, Dis ptions, 6. Date and Ex | ons who ined in orm disp sposed o | this for plays a of, or Be tible second bate | neficia urities 7. Tit Amou Unde Secur | e not req ntly valid lly Owne le and unt of rlying | uired to red OMB cond | spond unles | s | 11. Natur of Indire Beneficia Ownersh (Instr. 4) |

Reporting Owners

| D | Relationships | | | | | |
|---|---------------|-----------|---------|-----------------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| VACCARI CHRISTIAN G 16225 PARK TEN PLACE SUITE 300 HOUSTON, TX 77084 | | | | SVP of Shipyard | | |

Signatures

| /s/ Christian G. Vaccari | 02/23/2021 |
|---------------------------------|------------|
| **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) Represents shares withheld upon vesting of restricted stock units.

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.