FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0104							
Estimated average burden								
hours per response:	0.5							

INITIAL STATEMENT OF 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* Troger Jay		2. Date of Event R Statement (Month/ 05/18/2023		3. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIFI]								
(Last)	(First)	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)			
2170 BUCKTHO SUITE 420	ORNE PLACE				X	Director Officer (give title below)		Owner er (specify w)				
(Street)		77200										Group Filing (Check
WOODLANDS	TX	77380								Applicable X F	,	One Reporting Person
(City)	(State)	(Zip)									orm filed by erson	More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned												
				t of Securities Ily Owned (Instr. 4)) or 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expirat		2. Date Exer Expiration I (Month/Day	ate Derivative S		le and Amount of Securities ative Security (Instr. 4)	nd Amount of Securities Underlying re Security (Instr. 4)		4. Convers	ion Form		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title		or Nun	nount	Price of Derivativ Security	ve (Inst	rect (I) tr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>Cindi Cook on behalf of Jay R.</u> <u>Troger, pursuant to a power of attorney.</u>

05/18/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).