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

(Fillit 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) — Other (specify below) President of Subsidiary						
(Last) (First) (Middle) 583 THOMPSON ROAD				3. Date of Earliest Transaction (Month/Day/Year) 12/03/2010													
(Street) HOUMA, LA 70363			4. If	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						ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			Date		Execution	Deemed cution Date, if onth/Day/Year)	e, if	(Instr. 8)		or Disposed of (D) (Instr. 3, 4 and 5)		D)	Benefic Report	mount of Securities efficially Owned Following orted Transaction(s) r. 3 and 4)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership
					(Month/Day	m/Day/ 16	cai)	Code	V	Amount	(A) or (D)	Price	(Ilisu	anu +)			(Instr. 4)
	Stock		12/0	3/2010				S		1,200	11)	\$ 29.510	12,34	2		D	
Common		separate line f	for each	n class of secu	rities b	peneficially	y ow	vned dir	Pe	rsons w	ho resp			ection of in			1474 (9-02
		separate line f	or each		- Deri	ivative Sec	curi	ities Ac	Pe co the juired,	ersons wontained e form d	ho resp in this f isplays	form are a curre Beneficia	not req ntly valid	uired to re d OMB cor	oformation spond unles ntrol number	s	1474 (9-02)
Reminder:	Report on a s			Table II	- Deri	ivative Se	ecuri	ities Ac	Pe co the quired, s, optic	ersons wontained e form d , Disposed ons, conv	ho respin this to the second the	form are a curre Beneficia ecurities	not req ntly vali	uired to red OMB cor	espond unles ntrol number	s	
	Report on a s	3. Transactic Date (Month/Day	on		- Deri (e.g.,	ivative Secondary, puts, cal 4. Transactic	ecuri Ills, w	ities Acovarrant	Per control of the co	ersons wontained e form d	ho responding the horizontal hori	Beneficia ecurities 7. Tit Amor Unde Secur	Ily Owner and ont of rlying	quired to red OMB cored	spond unles	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

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

Signatures

William G. Blanchard	12/06/2010
**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.