| FORM | 4 |
|------|---|
| | |

| Check this box if no |
|------------------------|
| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations may |
| continue. See |
| Instruction 1(b). |

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-02)

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

| (Print or Type Respons 1. Name and Address CHILES WILLIA | of Reporting Person * | 2. Issuer Name and GULF ISLAND | | | | [GIFI] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|-----------------------|--|--|---------|--|---|--|---|--|--------------------|---|--|
| 16225 PARK TEN | (First) N PLACE | | 3. Date of Earliest Transaction (Month/Day/Year) 04/24/2014 | | | | | | | w) | | |
| HOUSTON, TX 7 | (Street) 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 Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution Date, if | Code (A | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Wontin Day Tear) | | | | | | (| | r | |

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|------------------------------|--|------------------------|----------------------------------|-------------------|---|--|-----------------|--------------|--------------------|--------------------------------|--|------------------------|--|---|------------|
| | 2. Conversion | 3. Transaction Date | 3A. Deemed Execution Date, if | | | 6. Date Exerci Expiration Dat | | | | | 9. Number of Derivative | 10. Ownership | 11. Nature of Indirect | | |
| (Instr. 3) | or Exercise Price of Derivative Security | (Month/Day/Year) | any (Month/Day/Year) | Code (Instr. 8 |) | Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 | ies ed ed | (Month/Day/Y | ear) | Securities (Instr. 3 and 4) | | Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | Code | V | and 5) | | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (| | |
| Restricted Stock Units | <u>(1)</u> | 04/24/2014 | | А | | 2,000 | | 10/24/2014 | 10/24/2014 | Common Stock | 2,000 | \$ 0 | 2,000 | D | |

Reporting Owners

| Departing Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| CHILES WILLIAM E 16225 PARK TEN PLACE HOUSTON, TX 77084 | Х | | | | | | |

Signatures

William E. Chiles

04/28/2014 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 issurer'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.