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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

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 of Type Responses)								T			
1. Name and Address of Reporting Person + Flick Michael A		2. Issuer Name and GULF ISLAND		-		GIFI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
POST OFFICE BOX 310, 567 THOMF ROAD	ICON	3. Date of Earliest Transaction (Month/Day/Year) 05/18/2016						Officer (give title below) Ott	er (specify below	<u>w)</u>	
(Street) HOUMA, LA 70361	2	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 - N	on-D	erivative	Securitie	s Acqu	uired, Disposed of, or Beneficially Own	ed		
1.Title of Security 2	2. Transaction	2A. Deemed	3. Transacti	on	4. Securi	ties Acqui	ired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)	Date	Execution Date, if	Code		(A) or Di	sposed of	(D)	Owned Following Reported	Ownership	of Indirect	
(Month/Day/Year)	any	(Instr. 8)		(Instr. 3,	4 and 5)		Transaction(s)	Form:	Beneficial	
		(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
									or Indirect	(Instr. 4)	
						(A) or			(I)		
			Code	V	Amount	(D)	Price		(Instr. 4)		

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, warran	nts, options,	convertible se	curities)	
1	4	C 31 1			a m'a 1	

				(0 / 1						,					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber	6. Date Exercis	sable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	ion	of		Expiration Dat	e	of Underlyin	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	(Month/Day/Y	ear)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securiti	ies			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	ed						Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
						Dispose	ed						Reported	or Indirect	
						of (D)							Transaction(s)	(I)	
						(Instr. 3	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration	Title	or North an				
								Exercisable	Date	The	Number of				
				Cala	v	(4)	(D)				-				
				Code	V	(A)	(D)				Shares				
Restricted										C					
Stock	(1)	05/18/2016		А		6,173		11/18/2016	11/18/2016	Common	6,173	\$ 0	6,173	D	
Units						.,.,0				Stock	0,270	÷ °	0,270		
Onto															

Reporting Owners

Departing Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Flick Michael A POST OFFICE BOX 310 567 THOMPSON ROAD HOUMA, LA 70361	Х							

Signatures

Cindi Cook on behalf of Michael A. Flick, pursuant to a power of attorney.

**Signature of Reporting Person

05/20/2016 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.