## 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

| Name and Address of Reporting Person * Burns Murray W. |                      |                  |  | 2. Issuer Name and Ticker or Trading Symbol<br>GULF ISLAND FABRICATION INC [GIFI] |   |                      |   |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |   |  |  |       |   |
|--|----------------------|------------------|--|---|---|----------------------|---|---|---|---|---|--|--|-------|---|
| 16225 PARK TEN PLACE, SUITE 280                        |                      |                  |  | 3. Date of Earliest Transaction (Month/Day/Year) 11/22/2019                       |   |                      |   |   |   |   | cer (give title be  | elow) (  | Other (specify b                           | elow) |   |
| (Street) HOUSTON, TX 77084                             |                      |                  | 4. If An                                   | 4. If Amendment, Date Original Filed(Month/Day/Year)                              |   |                      |   |   | 6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |  |  |       |   |
| (City  | (City) (State) (Zip) |                  |  |   | Table I - Non-Derivative Securities Acqu                      |                      |   |   |   | s Acqu  | tired, Disposed of, or Beneficially Owned   |  |  |       |   |
| 1.Title of Security<br>(Instr. 3)                      |                      |                  | 2. Transaction<br>Date<br>(Month/Day/Year) | Executio any  | A. Deemed<br>xecution Date, if<br>ny<br>Month/Day/Year)       | (Instr. 8)           | ction                                       | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) |   | f (D) Benefic<br>Reporte  |   | nount of Securities<br>icially Owned Following<br>ted Transaction(s)<br>3 and 4) |  |       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |                      |                  |  | (World) Day/ Tear)  |   | Code                 | V   | Amount  | (A) or (D) P  |   | (msu. 3   |  |  |       |   |
| ~  | Stock                |                  | 11/22/2019                                 |   |   | P                    |   | 3,000   | A S   | 1.9198  | 25,780  | )  |  | D     |   |
|  | Report on a s        | separate line fo | r each class of secu                       | rities bene   | eficially ov  | wned direct          | Pers  | sons wh   | no respo  |   | he colle  |  | formation                                  |       | 1474 (9-02)   |
|  | Report on a s        | separate line fo |  | - Derivat   | tive Secur  | ities Acqu           | Person the ired, I                          | sons whatained in form dis                                | no respo<br>n this fo<br>splays a<br>of, or Be  | rm are<br>currer  | the colle<br>not req<br>ntly valid  | uired to re  | formation<br>espond unles<br>atrol number. | s     | 1474 (9-02)   |
|  | 2.                   | 3. Transaction   | Table II  3A. Deemed Execution Da          | - Derivat<br>(e.g., pu<br>4.<br>ate, if Tra<br>Coo                                | tive Secur-<br>uts, calls, v<br>ransaction<br>ode<br>nstr. 8) | ities Acquiwarrants, | Person the tired, I option 6. Da and I (Mor | sons whatained in form dis                                | of, or Bertible sec   | neficial urities) 7. Titl Amou Under  | the college not requally valid of college and college and college and college college and | uired to red OMB cond  | spond unles                                | s     | 11. Natur<br>of Indirec<br>Beneficia<br>Ownersh<br>(Instr. 4)     |

#### **Reporting Owners**

| Donouting Owner Name / Adduses  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10% Owner | Officer | Other |  |  |  |
| Burns Murray W.<br>16225 PARK TEN PLACE<br>SUITE 280<br>HOUSTON, TX 77084 | X             |           |         |       |  |  |  |

#### **Signatures**

| /s/ Murray W. Burns             | 11/25/2019 |
|---------------------------------|------------|
| **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.