

(Print or Type Responses)

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

OMB APPROVAL					
OMB Number: 3	235-0104				
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 * Smouse Thomas M.	2. Date of Event Requiring Statement (Month/Day/Year) 03/03/2020			3. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIFI]				
16225 PARK TEN PLACE, SUITE 300			4. Relationship of Issuer	1 6		5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) HOUSTON, TX 77084			Director X Officer (give tit	X_ Officer (give title Other (specify		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 Beneficially Owned							
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock		0		D				
Reminder: Report on a separate line for each class of Persons who respond unless the form displa Table II - Derivative	I to the collectionays a currently v	n of infor	mation contained in th			<u> </u>		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securitie Underlying Derivative Security (Instr. 4)			5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	ate Expirat xercisable Date	Title 1	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)	ect		
Reporting Owners								

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
Smouse Thomas M. 16225 PARK TEN PLACE SUITE 300 HOUSTON, TX 77084			VP, Chief Human Resources Offi		

Signatures

/s/ Thomas M. Smouse	03/11/2020	
**Signature of Reporting Person	Date	

Explanation of Responses:

- * 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).

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.