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

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

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 * Wallis Robert Allen				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 10% Owner					
16225 PARK TEN PLACE, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 02/21/2021								X Officer (give title below) Other (specify below) Chief Accounting Officer					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								X Form	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
HOUSTON, TX 77084 (City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security 2. Transactio (Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, it		te, if	3. Transa Code (Instr. 8)		4. Secu (A) or (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ties Following n(s)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Coo	de	V	Amou	or (D)	Price	,			or Indirect (I) (Instr. 4)	(IIISU. 4)
Commor	Stock		02/21/2021				F	•		1,544 (<u>1)</u>	¹ D	\$ 4.35	29,248			D	
			Table II -					quir	the for	rm di posed	splays a	curre enefici	ently vali ally Own	d OMB cor	espond unles ntrol number.		
		4. Tran	nsactio	S A	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date Exercisable Exercisable Expiration Expiration Expiration Expiration		7. T Amo Und Sect (Ins 4)	itle and ount of erlying arities tr. 3 and Amount or Number of	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)			
				Co	de	V ((A) (I	D)					Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Wallis Robert Allen 16225 PARK TEN PLACE SUITE 300 HOUSTON, TX 77084			Chief Accounting Officer					

Signatures

/s/ Robert A. Wallis	02/23/2021				
**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).
- (1) Represents shares withheld upon vesting of restricted stock units.

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.