FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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. Issuer Name and Ticker or Trading Symbol GULF ISLAND FABRICATION INC [GIFI] | | | | | | | | | all applicabl Director Officer (gi | 10% Owner ve title Other (specify | | | | |
|--|---|------------------------|--|---|---|--|--|----------------------------------|--|----------------------------------|---|------------------------------|---------------|--|--|--|---------------------|---|--|--|
| (Last) (First) (Middle) 2170 BUCKTHORNE PLACE SUITE 420 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2023 | | | | | | | | | X | vP, Chief Human Resources Offi | | | | | | |
| (Street) THE WOODLANDS (City) | TX (State) | 77 (Zi _l | 380 p) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Ta | able I - No | n-De | rivativ | ve S | ecuriti | ies Acq | uired, | Disp | osed of | , or l | Benefic | cially Ow | ned | | | | | |
| Date | | | | 2. Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | |
| Common Stock 04/ | | | | | 1/01/2023 | | | | F | | 1,189(1) | | D | \$3.7 | 55,701 | | D | | | |
| Common Stock 04/ | | | | | 4/01/2023 | | | | F | | 1,367(1) | | D | \$3.7 | 54,334 | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Executivity (Instr. 3) or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Da if any (Month/Day/Y | ite, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | te | Securities Underly | | derlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | e s ally g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Explanation of Responses: | | | Code | V (A) (D) | | Date Expiration Exercisable Date | | Num | | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | | | | | | |
| Expianation of Res | ponses: | | | | | | | | | | | | | | | | | | | |

1. Represents shares withheld upon vesting of restricted stock units.

Remarks:

/s/ Thomas M. Smouse ** Signature of Reporting Person 04/04/2023

Date

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

- * 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.

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 Number.