Edgar Filing: GULFMARK OFFSHORE INC - Form 4

GULFMARK OF Form 4 May 01, 2015	FFSHORE IN	NC									
								OMB A	PPROVA	L	
FORM 4	UNITED	STATES		RITIES A			COMMISSION	N OMB Number:	3235-	0287	
Check this box		<i>, , , , , , , , , ,</i>							Januar	-	
if no longer subject to Section 16. Form 4 or		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								2005 0.5	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(c). Form 5 obligations may continue. See Instruction 1(c). Form 5 obligations may continue. See Instruction 1(c). Form 5 obligations May continue. See Instruction 1(c). Contended and Contended											
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> BUTTERS DAVID J			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer					
		GULFMARK OFFSHORE INC [GLF]				(Check all applicable)					
(Last) (Middle)	3. Date of Earliest Transaction(Month/Day/Year)04/30/2015				X_ Director 10% Owner Officer (give title Other (specify below) below)					
842 W. SAM HO PARKWAY N.,											
				ed(Month/Day/Year) Applicable Line _X_ Form filed			Applicable Line) _X_ Form filed by	Joint/Group Filing(Check One Reporting Person			
HOUSTON, TX							Form filed by Person	More than One R	eporting		
(City) ((State)	(Zip)	Tab	ole I - Non-D	erivative S	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	1	
		action Date 2A. Deemed Day/Year) Execution Date, if any (Month/Day/Year)		Code Disposed of (D)		A) or of (D) and 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	ıl	
				or Code V Amount (D) Pric			(Instr. 3 and 4)				
				Code v	Amount	(D) Price					
Reminder: Report on	a separate line	for each cl	ass of sec	urities benefi	-	-	-				
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.SEC 1474 (9-02)											
	Tabl			curities Acqu ls, warrants,			Beneficially Owned securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A or Disposed (D) (Instr. 3, 4, and 5)	· · · · · · · · · · · · · · · · · · ·	'Year)	(Instr. 3 and 4)	
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
PHANTOM STOCK	<u>(1)</u>	04/30/2015		А	124.92	<u>(1)</u>	<u>(1)</u>	COMMON STOCK	124.92

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
BUTTERS DAVID J 842 W. SAM HOUSTON P STE 400 HOUSTON, TX 77024	PARKWAY N.	Х					
Signatures							
/ Destin	05/01/2015						

/s/ David Butters 05/01/2015 <u>**</u>Signature of Date Reporting Person

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).

Phantom Stock units credited under the Company's Executive Nonqualified Excess Plan (the "Plan"). Participants are always 100%
(1) vested in their contributions to the Plan. Employer contributions vest according to the provision of the Plan, which is generally based on years of service (20% per year of credited service). A participant is 100% vested after 5 years of credited service.

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.