Edgar Filing: TRANSIER WILLIAM L - Form 4

| TRANSIER V | WILLIAM L | | | | | | | | | | |
|---|--|--|---|---|--------------|------------------|--|---|---|--|--|
| Form 4 | | | | | | | | | | | |
| December 04 | , 2018 | | | | | | | | | | |
| FORM | 4 | | | | | | т | OMB APPROVAL | | | |
| | DIALES | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | | | |
| Check this if no long subject to Section 16 Form 4 or Form 5 | er STATEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Expires:January 31200Estimated averageburden hours perresponse0. | |
| obligation may conti <i>See</i> Instru 1(b). | s Section 17(a | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol HELIX ENERGY SOLUTIONS | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | GROUP INC [HLX] | | | | | (Check all applicable) | | | | |
| (| | | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2018 | | | | | X_ Director 10% Owner Officer (give title below) Other (specify below) | | | |
| | (Street) | (Street) 4. If Amendment, Date Origin Filed(Month/Day/Year) | | | | Applicable Line) | | | oint/Group Filing(Check Dne Reporting Person | | |
| HOUSTON, TX 77043 | | | | | | | | | fore than One Reporting | | |
| (City) | (State) (| Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. De (Month/Day/Year) Execut any (Month | | | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | |)) | 5. Amount of Securities Beneficially Owned Following | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 12/03/2018 | | | F | 3,504 (1) | D | \$ 8.2 | 93,896 | D | | |
| Common Stock | 12/03/2018 | | | F | 1,947 (1) | D | \$ 8.2 | 91,949 | D | | |

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

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 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|-----------|---------------|---------|-------|--|--|--|--|
| 1 0 1 1 1 1 1 | Director | 10% Owner | Officer | Other | | | | |
| TRANSIER WILLIAM L 3505 W SAM HOUSTON PARKWAY N. SUITE 400 HOUSTON, TX 77043 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Alisa B.Johnson by power of attorney | 12/04/201 | 8 | | | | | | |
| **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) These shares were forfeited to satisfy tax obligations related to the vesting of the reporting person's restricted stock award.

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.