FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Shanahan Kathleen M | | | | | 2. Issuer Name and Ticker or Trading Symbol Great Lakes Dredge & Dock CORP [GLDD] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|--|---|--|--|---------|---|---|----------|--|--|---------|--|-----------------|--|---|---------------------|--|--|------------|--|
| (Last) C/O GRI | Last) (First) (Middle) C/O GREAT LAKES DREDGE & DOCK CO | | | ORP. | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2024 | | | | | | | | below | below) | респу | | | |
| 9811 KATY FREEWAY, SUITE 1200 | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | |
| (Street) HOUST | ON T | X | 77024 | | | | | | | | | | | | iled by Mor | | • | | |
| (City) (State) (Zip) | | | | | Ru | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | | | | cate that a tra defense con | | | | | ntract, instructi ion 10. | on or written | plan tha | at is intende | d to | |
| | | Tab | le I - Noi | n-Deriv | ative | Sec | curities | s Ac | quired, [| Disp | osed o | of, or Be | neficia | lly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date | | Date, | r, Transaction Dispos Code (Instr. 5) | | Dispose | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | Benefic Owned | es ally Following | Form: I (D) or I | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock | | | | | | | | | | | | 90,913 | | I | D | | | | |
| | | Т | | | | | | | uired, Di | | | | | y Owned | | | | | |
| 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/Yes | Date, | Code (Ins | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | S F | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Deferred Stock Units | (1) | 06/28/2024 | | | A | | 2,361 | | (1) | | (1) | Common Stock | 2,361 | \$0 | 4,647 | | D | | |

Explanation of Responses:

1. Deferred Stock Units ("DSUs") granted June 28, 2024 and deferred pursuant to the Company's Director Deferral Plan. The DSUs will be payable in common stock on a 1-for-1 basis in three equal annual installments beginning January 15, 2025.

/s/Vivienne R. Schiffer, by Power of Attorney

07/01/2024

** Signature of Reporting Person

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.