| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

| OMB APPRO | VAL |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burde | en |
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person [*] ALBERT CARL A | 2. Issuer Name and Ticker or Trading Symbol <u>Great Lakes Dredge & Dock CORP</u> [GLDD | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|--|---|--|--|--|--|
| | 11 | X Director 10% Owner | | | | |
| (Last) (First) (Middle) | | Officer (give title Other (specify below) below) | | | | |
| GREAT LAKES DREDGE & DOCK CORPORATION | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2012 | | | | | |
| 2122 YORK ROAD | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | X Form filed by One Reporting Person | | | | |
| OAK BROOK IL 60523 | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------------|--|------------------------------------|---|-------------------|---|---|--|
| | | | Code V Amount (A) or Price Transac | | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | |
| Common Stock | 12/31/2012 | | Α | | 2,169 | A | \$ <mark>0</mark> | 25,495 | D | |
| Common Stock | | | | | | | | 10,000 | I | Common Stock Held by the Albert- Schaefer Trust ⁽¹⁾ |

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. 5. Number Transaction Code (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Transaction Code (Instr. 8) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|---|---|-----------------------------------|-----|--|--|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Expiration Exercisable Date | | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Mr. Albert and his wife, Susan Schaefer Albert, serve as the trustees and co-beneficiaries of the Albert-Schaefer Trust.

| <u>/s/ Kathleen M. LaVoy, by</u> |
|----------------------------------|
| power of attorney |

01/03/2013

Date

** Signature of Reporting Person

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.