FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Washington, D.O. 200 10	

OMB APPR	OVAL				
OMB Number:	3235-0287				
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

## 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(0). 3	ee instruction i	U.																		
Name and Address of Reporting Person*     DICKERSON LAWRENCE R					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)					
DICKERSON LAWRENCE K															ector		10% Ov			
(Last) (First) (Middle)														Offi belo	cer (give title		Other (s	specify		
(Last)	3. Date of Earliest Transaction (Month/Day/Year)								╗	Dell	) (V)		below)							
C/O GREAT LAKES DREDGE & DOCK CORP.						12/31/2024														
9811 KATY FREEWAY, SUITE 1200																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																m filed by On	a Pan	ortina Pere	on	
HOUST	ON TX	7	7024													m filed by Mo		Ū		
																son	ne iliai	ii Olie Kepi	Jilling	
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of	Security (Inst	r. 3)		2. Transac	ction							(A) oı	A) or 5. Amount of				7. Nature			
	• •	,		Date (Month/Da	Execution Date, av/Year) if any			Transaction Disposed Of (D) (Instr. 3			. 3, 4 a		rities ficially			of Indirect Beneficial				
(Monumber				(Month/Day/Year)		8)					ed Following		(Instr. 4)	Ownership (Instr. 4)						
								Code	v	Amount	(A	A) or D)	Price	Trans	Transaction(s)			(111511. 4)		
									1	<u> </u>		(0	))		(Instr	(Instr. 3 and 4)				
Common	Stock			12/31/	2/31/2024				Α		4,069 A		\$(		86,217		D			
		Tal	ole II - D	Derivati	ve Se	curi	ties /	Acaui	red. D	ispo	osed of,	or B	ene	icial	lv Own	ed				
											onvertib									
1. Title of	2.	3. Transaction		A. Deemed		-41			6. Date Exercis			7. Title and			8. Price o			10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transa Code (								Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of Derivative (Month/I			(Month/D	Day/Year)	8)	8)		Securities Acquired		` Under			erlying vative		(Instr. 5)	str. 5) Beneficiall Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security							(A) or		s			Security (Instr			Following		(I) (Instr. 4)	(111311.4)	
					Disposed of (D) (Instr. 3, 4 and 5)			3 and 4)						Reported Transaction(s)						
														(Instr. 4)						
				ŀ	1 1						<b></b>									
													or	ount						
									Date		Expiration		Nui	nber						
					Code V		(A)	(D)	Exercisa	able	Date	Title	Sha	ires						

**Explanation of Responses:** 

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

\*\* Signature of Reporting Person

01/03/2025

Date

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

- $^{\star}$  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.