Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 2	20549
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STATEMENT	OF C	HANGES	IN BEN	IFFICIAL	OWNERSHIP
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OMB APF	PROVAL								
OMB Number: 3235-028									
Estimated average burden									
hours per respons	e: 0.5								

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* GUNSTEN CHRISTOPHER						2. Issuer Name and Ticker or Trading Symbol Great Lakes Dredge & Dock CORP [GLDD]									ck all app Direc Office	licable) tor er (give title	ng Pei	rson(s) to Is 10% Ov Other (s	wner
(Last) C/O GRI	(Fir EAT LAKE	rst) (I S DREDGE & I	Middle)	CORP.	3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024									X Officer (give title below) SVP-Proj Svcs & Fleet Engineer					
9811 KATY FREEWAY, SUITE 1200				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ON TX	ζ 7	7024)		filed by Mo		oorting Person	- 1
(City)	(St	ate) (Ž	Zip)		Rul	le 10	10b5-1(c) Transaction Indication												
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
Date			2. Transac Date (Month/Da	/Day/Year) if a		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A d Of (D) (Instr. 3,		A) or 3, 4 and	Benefic Owned	ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	(A) or (D)			Reported Transaction(s) (Instr. 3 and 4)			
Common Stock 03/3			03/15/2	2024				Α		6,898	A	1	(1)	49	49,634		D		
Common Stock 03/15/					2024				F		2,046	Ι)	\$8.62	41	7,588		D	
Common	Stock			03/15/2	2024				F		1,959	Ι	D \$8.62			5,629		D	
Common	Stock			03/15/2	2024			A		12,668	A	A	(2)	58	58,297		D		
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/Year)	ransaction e Execution onth/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Exerc ion Da	isable and	7. Title an Amount of Securities Underlyin Derivative Security (3 and 4)		8 D S (I	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forr Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(Δ)	(D)	Date Exercisable		Expiration	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Represents shares awarded pursuant to satisfaction of performance conditions per the terms of Mr. Gunsten's performance-based restricted stock units granted on March 15, 2023.
- 2. Represents restricted stock units that vest in three equal annual installments beginning on March 15, 2025.

Remarks:

/s/Vivienne R. Schiffer, by Power of Attorney ** Signature of Reporting Person

03/19/2024

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.