FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average h | nurden | | | | | | | | | |

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---|---|--|--|--------------------------|---|--|--------------|--------------|--|--------|---------------------|--|--|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* Steckel William (Last) (First) (Middle) GREAT LAKES DREDGE & DOCK CORPORATION | | | | | | 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) | | | | | |
| | | | | | .] | | | | | | | | | X | Officer below) | (give title | | 10% Ov Other (s below) | |
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2013 | | | | | | | | | | SVP & Chief Financial Officer | | | | |
| 2122 YC | RK ROA | D | | | 4.1 | If Ame | endment, I | Date of | f Original | Filed | (Month/Da | ay/Year) | | 6. Inc | | Joint/Group | o Filing | (Check Ap | plicable |
| (Street) | | | | | | | | | | | | | | X | | iled by One | e Repo | orting Perso | n |
| OAK BROOK IL 60523 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Nor | า-Deriv | /ativ | e Se | curities | s Acc | uired, | Dis | posed o | f, or B | enefi | cially | / Owned | l | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code (Instr. | | | | | 5. Amou Securitie Beneficia Owned F Reported | es ally Following | Form (D) or | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | 07/2013 | | | Code | ν | Amount | (A) (D) | or P | rice | Transact | 8,267 | | | (iiisti. 4) | |
| Common Stock | | | 05/07 | A | | | | | 8,267 | (1) A | | \$ <mark>0</mark> | 8,2 | D | | | | | |
| | | | Table II - | | | | | | | | osed of, onverti | | | | 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 Dat if any (Month/Day/Yo | ate, Transac Code (Ir | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e C s F llly C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | or | ount nber res | | | | | |
| Employee stock option | \$7.56 | 05/07/2013 | | | A | | 32,420 | | (2) | | 5/07/2023 | Commor | 32, | 420 | \$0 | 32,42 | :0 | D | |

Explanation of Responses:

(right to buy)

- $1.\ These\ shares\ are\ represented\ by\ restricted\ stock\ units.\ The\ restricted\ stock\ units\ vest\ on\ May\ 7,\ 2016.$
- 2. The options vest in three equal annual installments beginning on May 7, 2014.

/s/ William S. Steckel 05/09/2013

Stock

** 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.