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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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Instruc	tion 1(b).			i iica	or Sec	ction 3	0(h) of the Ir	nvestme	nt Cor	ies Exchange mpany Act of	1940	30 4		·		0.5	
1. Name and Address of Reporting Person* JOHANSON DAVID				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 X Officer (give title Other (specify						
(Last)	(Fir EAT LAKE	st) (M S DREDGE & D	Middle)	ORP.	3. Dat 03/05		arliest Trans	action (N	/Jonth	/Day/Year)			belov	,	belocquisition &	,	
9811 KA	TY FREEV	VAY, SUITE 120	0		4. If A	mendr	ment, Date o	f Origina	al Filed	d (Month/Day	y/Year)	6. Lin	e)		p Filing (Ched		
(Street) HOUST	ON TX	7	7024											filed by Mo	e Reporting F re than One F		
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See						int to a c						
		Table	I - Non-	Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of,	or Be	neficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Dat			Exec Day/Year) if any						es Acquired (A) or Of (D) (Instr. 3, 4 ar								
1. Title of	security (ills	ir. 3)	D	ate		Exectification if any	eemed ution Date, th/Day/Year)	3. Transa Code (I 8)		4. Securities Disposed O 5)	s Acquire f (D) (Inst	d (A) or r. 3, 4 an	Benefic Owned	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
1. Title of S	security (ins	rr. 3)	D	ate		Exectification if any	ution Date,	Transa Code (Disposed O	s Acquire f (D) (Inst (A) or (D)	d (A) or r. 3, 4 an	d Securit Benefic	ies cially Following ed ction(s)	Form: Direct	of Indirect t Beneficial	
1. Title of s		rr. 3)	D: (N	ate	y/Year)	Exectification if any	ution Date,	Transa Code (1 8)	Instr.	Disposed O 5)	(A) or	r. 3, 4 an	d Securit Benefic Owned Reporte Transac (Instr. 3	ies cially Following ed ction(s)	Form: Direct	of Indirect Beneficial Ownership	
		,	Die II - De	03/05/2	y/Year)	Exect if any (Mon	ies Acqu	Transa Code (8) Code	v Dispo	Disposed O 5)	(A) or (D)	Price \$8.7	d Securit Benefic Owned Reporte Transac (Instr. 3	Following ed ction(s) and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
		,	Die II - De	03/05/2 Derivative.g., pu	y/Year)	Exectif any (Monte	ies Acqu	Transa Code (I 8) Code F ired, E	V Dispons, C	Amount 453 osed of, convertiblisable and tee	(A) or (D) The securities of the securities of the securities of the security	Price \$8.7 Pficial rities) India of second control of second con	d Securit Benefic Owned Reporte Transac (Instr. 3	Following ed ction(s) and 4)	of 10. Owners y Direct (c) or Indirect (l) (linstr. 4)	of Indirect Beneficial Ownership (Instr. 4) 11. Nature of Indirect Beneficial Ownership (Instr. 4)	

(A) (D) Exercisable Date

Explanation of Responses:

1. This filing adds 605.11 shares of Common Stock acquired under the Company's Employee Stock Purchase Program.

Remarks:

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

** Signature of Reporting Person

Title Shares

03/06/2024 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.