FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR | OVAL | | | | | |
|-----------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
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| hours per response: | 0.5 | | | | | |

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Mackie Douglas B | | | | | | 2. Issuer Name and Ticker or Trading Symbol Great Lakes Dredge & Dock CORP [GLDD | | | | | | | | | | | licable) | , | | | |
|--|--|----------|--|--|-------|---|---|---|-----|--|--------------------------------------|--------------------|---|-----------------|---|---|--|---|---|-----------------------|--|
| (Last) (First) (Middle) | | | | | | | | | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| GREAT LAKES DREDGE & DOCK CORPORATION | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/24/2012 | | | | | | | | | | | | | | |
| 2122 YORK ROAD | | | | | 4. If | 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) | | (Sta | te) (2 | Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | h/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Sec Ber Ow | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 01/24/ | | | | | | /2012 | | | | | | 26,45 | 4 D \$6 | | \$ 6 . | 5.5 ⁽¹⁾ | | 0,502 | D | | |
| | 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 | on se | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | (A) | (D) | Date Expirati Exercisable Date | | Expiration Date | Title | or Nur of | ount nber res | | | | | | |

Explanation of Responses:

 $1.\ The sales\ reported\ were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ Mr.\ Mackie\ on\ November\ 3,\ 2011.$

/s/ Kathleen M. LaVoy, by power of attorney

01/26/2012

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.