Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | .C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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

| Name and Address of Reporting Person* HANSON WILLIAM H | | | | | | 2. Issuer Name and Ticker or Trading Symbol Great Lakes Dredge & Dock CORP [GLDD] | | | | | | | | | ck all app Direc | onship of Reportin all applicable) Director Officer (give title | | son(s) to Is 10% Ov Other (s | wner | | |
|---|--|--|--|---|---|---|---|--|--|-------------------------------------|--------------------|---|---|----------------------------|--|--|---|--|--|--|--|
| (Last) | (F | irst) (f | /liddle) | | | | | | | | | | | _ | below | , | . • | below) | | | |
| C/O GREAT LAKES DREDGE & DOCK CORP 1 PARKVIEW PLAZA, 8TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2020 | | | | | | | | | SVP, | Gov't Rela | ations | & Bus D | ev | | | | |
| (Street) | | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| OAKBROOK IL 60181 | | | | | | | | | | | | 3 | X Form filed by One Reporting Person | | | | | | | | |
| TERRACE IL 00181 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (S | tate) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Bene | ficial | ly Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | y/Year) Exec | | Deemed cution Date, y nth/Day/Year) | | Transaction Disposed C | | es Acquired (A Of (D) (Instr. 3, | | | 5. Amo Securit Benefic Owned Report | ies cially Following | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code V | | Amount | (A) (D) | or P | rice | Transa | action(s) . 3 and 4) | | | (111341. 4) | | | |
| Common Stock 12/31/2 | | | 2020 | | F | | 1,396 | Г |) { | 613.17 | 17 24,290 | | | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | | ite | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | S (I | . Price of Perivative Pecurity Pecurity Pecurity | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | | |

Explanation of Responses:

Remarks:

/s/Katherine M. O'Halloran, by Power of Attorney

01/04/2021

** Signature of Reporting Person 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.