FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | *** | | /~ | · · · | JU. |
|------------|------|------|----|-------|-----|
| Washington | DC 2 | 0549 | | | |

OMB APPROVAL 3235-0287 Estimated average burden

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). | | | | | | | | |

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* LOVOI JOHN | | | | | 2. Issuer Name and Ticker or Trading Symbol HELIX ENERGY SOLUTIONS GROUP | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---------------------------------------|--------|----------------|-------------|---|---|--------------|---|--|---------------------|------------------------------|--|---|---|---|------------|----------|--|
| (Last) 3505 WE SUITE 4 | | st) (f | Middle) | КТН | INC [HLX] 3. Date of Earliest Transaction (Month/Day/Year) 12/11/2024 | | | | | | | | Office | | | ther (s | (specify | |
| (Street) HOUST(| ON TX | | 7043 Zip) | | 4. If Ar | mendn | nent, Date o | f Origina | l Filed | (Month/Day | //Year) | 6. Lir | ie) Form | r Joint/Group of filed by One of filed by Moo | e Reporting | Perso | on | |
| | | Table | I - Nor | | | 1 | | uired, | Disp | osed of, | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | ay/Year) if an | | eemed ution Date, th/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | nd Securi Benefi Owned | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ect (| 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | v | Amount | (A) or (D) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 12/11/2 | | | | 2024 | | | A | | 14,881 | A | \$ <mark>0</mark> (| 1) 37 | 2,137 | D | | | | |
| | | Tal | | | | | • | - | | sed of, convertible | | | - | d | | | | |
| 1. Title of Derivative Security | ative Conversion Date Execution Date, | | | nsaction of | | Expiration Date | | | 7. Title an Amount of Securities | mount of D | | 8. Price of Derivative Security 9. Number of derivative Securities | | rship : | 11. Nature of Indirect Beneficial | | | |

Explanation of Responses:

or Exercise Price of Derivative

Security

Security (Instr. 3)

1. This restricted stock award was granted pursuant to the Company's 2005 Long Term Incentive Plan (as Amended and Restated effective May 15, 2024) and therefore has no purchase or sales price.

Exercisable

Date

(D)

/s/ Ken Neikirk by power of attorney

Amount Number

Shares

Underlying Derivative

Title

Security (Instr. 3 and 4)

12/12/2024

Following

Reported Transaction(s) (Instr. 4)

Owned

Beneficially

Form: Direct (D) or Indirect (I) (Instr. 4)

Ownership

(Instr. 4)

** Signature of Reporting Person Date

Security (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

if any (Month/Day/Year)

Securities

Acquired

Disposed of (D) (Instr. 3, 4

and 5)

(A)

(A) or

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

(Month/Day/Year)

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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.