FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D.C. 20549	

OMB APPROVAL

OMB Number:	3235-0287
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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-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 00	ee instruction i	·.																		
Name and Address of Reporting Person* Little Thomas Mitchell						2. Issuer Name and Ticker or Trading Symbol HELIX ENERGY SOLUTIONS GROUP								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Little Thomas Mitchen			INC	INC [HLX]									✓ Direct	tor		10% O\	vner			
(Last) (First) (Middle)														Office belov	er (give title v)		Other (s	specify		
					3. Date of Earliest Transaction (Month/Day/Year)															
3505 WEST SAM HOUSTON PKWY NORTH			01/0	01/01/2025																
SUITE 400				\vdash																
-					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ON 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5 0.40		1										<u></u>	filed by On	e Repo	orting Pers	on	
HOUSTO	ON TY	7	7043		1									`	Form filed by More than One Reporting					
,				-	1										Perso	on				
(City)	(St	ate) (Z	Zip)		1															
		Table	I - Nor	n-Deriva	tive S	Secu	rities	s Acq	uired,	Dis	posed of	, or E	3ene	eficia	lly Own	ed				
1. Title of S	Security (Ins	tr. 3)		2. Transac	ction								5. Amo			Ownership	7. Nature			
		,		Date (Month/Da	av/Year)	Execution Date, y/Year) if any				Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			3, 4 an	d Securit Benefi				of Indirect Beneficial		
(110)1111			((Month/Day/Year		y/Year)	8)					Owned Follow Reported				Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or	Price	Transa	action(s) 3 and 4)			(111341. 4)	
Common Stock 01/01/					2025		F		983(1)	I	7	\$9.3	2 10	5,207		D				
Common Stock 01/01/2											703			Ψ7.5.	- 10	3,207		Р .		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g., pu	ıts, ca	alls, v	warr	ants,	option	ıs, c	onvertib	le se	curi	ties)						
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any	on Date, Tran Code		ansaction ode (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities			8. Price of Derivative Security	9. Number derivative Securities		Ownership Form:	Beneficial	
(Instr. 3) Price of Derivative (Month/Day			Day/Year) 8)		8)		Securities Acquired		Underly Derivat				'	(Instr. 5)	tr. 5) Beneficiall Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security							(A) or Disposed of (D) (Instr. 3, 4 and 5)		Security 3 and 4)				nstr.		Following Reported	- [(I) (Instr. 4)	` ′	
													3 and 4)			Transaction(s)	n(s)			
																(Instr. 4)				
					Code V			\top					Amo	ount						
							(A) (D)						or Nun	nber						
									Date Exercisable		Expiration Date	Title	of Sha							
							(^)	(0)	LAGICIS	able	Date	11116	Jula	.03						

Explanation of Responses:

1. These shares were forfeited to satisfy tax obligations related to the vesting of the reporting person's restricted stock awards.

/s/ Ken Neikirk by power of attorney

01/03/2025

** 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.