FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, DC 20549

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Indirect

(Instr. 5)|

(I)

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

(Print or Type Respons		mpany Act or	1935 Or Section	n 30 (1	f) of the Investmen	t Company Act of Is	940		
1. Name and Address of Reporting Person* EDWARDS JOHNNY		erson* 2.	2. Date of Event Requiring Statement (Month/Day/Year) AUGUST 20, 2002						
(Last) (First) (Middle) 400 N. SAM HOUSTON PARKWAY E. #400 (Street)		ĺ	3. I.R.S. Identification Number of Reporting Persor if an entity (voluntary)		4. Issuer Name AND or Trading Symbol	6. If Amendment, Date of Original (Month/Day/Year) 			
					5. Relationship of l to Issuer (Chec	7. Individual or Joint/Group Filing (Check Applicable Line)			
(0000					Director Officer (X Other (spe		X Form filed by One Reporting Person Form filed by More than One Reporting Person		
		TABLE I	NON-DERIVATI	 VE SE(CURITIES BENEFICIAL	 LY OWNED			
1. Title of Security (Instr. 4)		Benefi	2. Amount of Securities Beneficially Owned (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indi (Instr. 5)	e of Indirect Beneficial Ownership		
1. Cal Dive International, Inc. Common Stock		 13	1317		D	-			
2. Cal Dive International, Inc. Common Stock			3020.529		D	-			
#1 Employee Stock Pur	 chase Plan	 			 	-			
#2 401(k) Retirement		 		 -		-			
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Reminder: Report on a * If the form is filed PERS	by more tha	n one report OND TO THE C	ing person, see	Inst FORMA		HIS FORM ARE NOT RE			
FORM 3 (CONTINUED)		(E.G., PUTS	, CALLS, WARRAN	TS, O	URITIES BENEFICIALL' PTIONS, CONVERTIBLE	SECURITIES)			
	2. Date E and Ex	xercisable	3. Title a	nd Amo	ount of Securities	4. Conversion or Exercise Price of	Security: Ownership		

| Amount or | Number of

Shares

Title

| Expiration|

Date

| Exercisable| Date

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Explanation of Responses:

/s/ J	OHNN	Y EDWARDS		8/29/02
**Signature	of	Reporting	Person	Date

^{**} 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 provided is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.