FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

- 1		
	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).

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

Name and Address of Reporting Person* Chamblee Clifford V					2. Issuer Name and Ticker or Trading Symbol HELIX ENERGY SOLUTIONS GROUP INC [HLX]								5. Relationship of Reporting Perso (Check all applicable) Director Officer (give title				10% Ow Other (s	ner
(Last) (First) (Middle) 400 NORTH SAM HOUSTON PARKWAY SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 01/12/2012							X below) below) EVP - Contracting Services						
(Street) HOUSTO	N TX		77060 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check AppLine) X Form filed by One Reporting Person Form filed by More than One Report								ing Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of																		
Date						Execution Date, if any (Month/Day/Year		Transaction Dispose Code (Instr.		4. Securio Disposed	ies Acquired (A) o		nd 5)	Securities Beneficiall Owned Fol	Securities Beneficially Owned Following		Direct Indirect Itr. 4)	Indirect Beneficial Ownership (Instr. 4)
								Code V		Amount	(A) or (D)		ce	Reported Transaction(s) (Instr. 3 and 4)				
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		3A. Deemed Execution Date if any (Month/Day/Yea	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Deriv Security (Instr. 3 4)		ative	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou Numb Share	er of		Transaction(s) (Instr. 4)			
Performance Share Unit	(1)	01/12/2012		A		32,436 ⁽²⁾		(1)		(3)	Common Stock	32,4	36 ⁽²⁾	\$0.00	32,436	5 ⁽²⁾	D	

Explanation of Responses:

- 1. Each Performance Share Unit ("PSU") represents the contingent right to receive one share of Helix Energy Solutions Group, Inc. ("Company") common stock. Actual number of shares upon vesting may range from 0% to 200% dependent on the Company's relative shareholder return as compared to its peer group over a three-year period beginning January 1, 2012 and ending December 31, 2014. The Compensation Committee has the option to pay the value in cash at its discretion.
- 2. Amount reported is 200% of the number of PSUs granted and the maximum number that may be earned.
- 3. Upon payment of the PSUs which shall occur no later than March 15, 2015.

Remarks:

/s/ Margaret C. Fitzgerald by Power of Attorney

** Signature of Reporting Person Date

01/17/2012

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.