FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					01 \	5000	1011 30(11)	or tile i	IIVCStilic	00	inparty Act	01 13	,0								
1. Name and Address of Reporting Person* QUINN NANCY K						2. Issuer Name and Ticker or Trading Symbol HELIX ENERGY SOLUTIONS GROUP INC [HLX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
																Direc			10% Owner Other (specify below)		
(Last) (First) (Middle)																Office belov	er (give title				
(Last)	`		3. Date of Earliest Transaction (Month/Day/Year)										50.01	•,	_	,					
3505 W SAM HOUSTON PARKWAY N.					09/	09/16/2019															
SUITE 400					1 If	4. If Amandment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
					. 4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(Street) HOUSTON TX 77043														X Form filed by One Reporting Person							
HOUSTON IX //045															Form filed by More than One Reporting						
(City) (State) (Zip)																Pers	on				
(City)	(5)	ale) (Zip)																		
		Tabl	e I - Nor	າ-Deriv	ative	Se	curitie	s Ac	quired	, Dis	posed o	f, o	r Ben	efici	ally O	wne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					eay/Year) Ex		2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Se		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	, т		ction(s) 3 and 4)			(Instr. 4)	
Common Stock 09/16/					5/2019						12,677	7	D \$9.		58 ⁽¹⁾ 104,466)4,466	D			
		Та									osed of, onvertib				y Owr	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemond Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date E Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Insti and 4)		str. 3	8. Price Derivat Securit (Instr. !	ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	or Nu of		ount mber ares							

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$9.57 to \$9.61, inclusive. The reporting person undertakes to provide Helix Energy Solutions Group, Inc., any security holder of Helix Energy Solutions Group, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote 1 of this Form 4.

Remarks:

Ken Neikirk by power of attorney

09/17/2019

** 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.