FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(h)                       |

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* <u>Johnson Alisa B</u> |   |  |  |          |   | 2. Issuer Name and Ticker or Trading Symbol HELIX ENERGY SOLUTIONS GROUP INC [ HLX ] |   |       |                                    |                             |                     |  |               |              |                        | all app<br>Direc  | olicable)  |   | ssuer<br>Owner<br>(specify   |
|---|---|--|--|----------|---|--|---|-------|------------------------------------|-----------------------------|---------------------|--|---------------|--------------|------------------------|---|--|---|--|
| (Last)<br>3505 W S  | (Last) (First) (Middle)<br>3505 W SAM HOUSTON PARKWAY N.              |  |  |          | 3. Date of Earliest Transaction (Month/Day/Year) 09/18/2013 |  |   |       |                                    |                             |                     |  |               |              | Λ                      | below) below) Exec.VP & Gen Counsel   |  | ´   |  |
| (Street) HOUSTON TX 77043 (City) (State) (Zip)                  |   |  |  |          | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                             |   |       |                                    |                             |                     |  |               |              | 6. Indiv<br>Line)<br>X | vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |   |  |
|   |   | Tabl                                       | e I - Nor                                    | n-Deriva | ative   | Sec  | uritie  | s Acc | quired,                            | Dis                         | posed o             | f, o   | r Ben         | efic         | ially                  | Owne  | ed   |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)   |   |  |  |          | ction   | 2/<br>E:   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |       | 3.<br>Transa<br>Code (             | Transaction<br>Code (Instr. |                     | 4. Securities Acquired (A)   |               |              |                        | 5. Ame<br>Securi<br>Benefi  | ount of<br>ities<br>icially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |
|   |   |  |  |          |   |  |   |       | Code                               | v                           | Amount (A           |  | (A) or<br>(D) | Pric         | :e                     | Transaction(s)<br>(Instr. 3 and 4)  |  |   | (Instr. 4)   |
| Common Stock 09/18/   |   |  |  |          |   |  |   |       | S                                  |                             | 500                 |  | D             | \$27.25      |                        | 121,679   |  | D   |  |
| Common Stock 09/18/   |   |  |  |          |   |  |   |       | S                                  |                             | 500                 |  | D             | \$27.26      |                        | 121,179   |  | D   |  |
| Common Stock 09/18/   |   |  |  |          | /2013   |  |   |       | S                                  |                             | 500                 |  | D             | \$27.35      |                        | 120,679   |  | D   |  |
| Common Stock 09/18/   |   |  |  |          | /2013   |  |   |       | S                                  |                             | 500                 |  | D             | \$27.4       |                        | 120,179   |  | D   |  |
| Common Stock 09/19/   |   |  |  |          | /2013   |  |   |       | S                                  |                             | 500                 |  | D             | \$27.5       |                        | 119,679   |  | D   |  |
| Common Stock 09/19/2  |   |  |  |          | /2013   |  |   |       |                                    |                             | 500                 |  | D             | \$27.55      |                        | 119,179   |  | D   |  |
|   |   | Та   | ble II - I                                   |          |   |  |   |       |                                    |                             | sed of,<br>onvertib |  |               |              |                        | wned  |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)             | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,    | 4.<br>Transac<br>Code (Ir<br>8)                             |  | of I  |       | 6. Date E<br>Expiratio<br>(Month/D | n Date                      | •                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |               | nstr. 3      | Deri<br>Seci<br>(Inst  | ivative   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |  |          | Code  | v  | (A)   |       | Date<br>Exercisa                   |                             | Expiration<br>Date  | or<br>Nu<br>of   |               | mber<br>ares |                        |   |  |   |  |

Explanation of Responses:

Remarks:

<u>/s/ Alisa B. Johnson</u> <u>09/20/2013</u>

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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