FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| Instruction 1(b). File | | File | d 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 Addre Harris Paula | | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol <u>HELIX ENERGY SOLUTIONS GROUP</u> <u>INC</u> [HLX] | (Check a | onship of Reporting F all applicable) Director Officer (give title | Person(s) to Issuer 10% Owner Other (specify | |
| (Last) 3505 WEST SA SUITE 400 | (First) | (Middle) ON PKWY NORTH | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2023 | | below) | below) | |
| (Street) HOUSTON (City) | TX (State) | 77043 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X | dual or Joint/Group Fi Form filed by One R Form filed by More ti Person | 1 0 | |
| | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|--------|---------------|------------------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 01/01/2023 | | Α | | 2,858 | Α | \$0.00 ⁽¹⁾ | 38,320 | D | |

| 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) | ivative Conversion Date urity or Exercise (Month/Day/Year) | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. This restricted stock award was granted pursuant to the Company's 2005 Long Term Incentive Plan (as Amended and Restated effective May 15, 2019) and therefore has no purchase or sales price. This restricted stock award was received in lieu of quarterly fees related to the reporting person's service on the Board of Directors and its committees.

Remarks:

/s/ Sameer Saxena by power 01/03/2023 of attorney

** 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.