FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20549 | OMB APPROVAL | | |
|--|--------------|------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235 | |

| - 1 | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | |
| - 1 | | | | | | | | | |

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

| 1. Name and Address of Reporting Person [*] McCann Peter | | | | | | 2. Issuer Name and Ticker or Trading Symbol Civeo Corp [CVEO] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | |
|---|---|--|---|---------|---|--|-------|--------------------------|------------------|--|-------------------|---------------|----------------------|--|---|---|---|------------|--|
| (Last) | (Fi Y STREET | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2017 | | | | | | | | | | (give title See R | emarl | Other (s below) | specify | | | |
| (Street) HOUST(| | | 77002 (Zip) | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | e) <mark>X</mark> Form f | Joint/Group Filing (Check Applicable iled by One Reporting Person iled by More than One Reporting | | | | |
| | | Tab | le I - Nor | ı-Deriv | /ative | e Se | curit | ies Ac | quired | , Dis | posed | of, o | or Ber | neficial | ly Owned |] | | | |
| Dat | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | Benefici Owned I | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amoui | nt | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Share | | | 02/23 | 3/2017 | | | | М | | 77,3 | 311 | A | (1) | 160 | 160,993 | | D | | |
| Common | Share | | | 02/23 | 3/201 | .7 | | | D | | 77,3 | 311 | D | \$3.2 | 6 83 | 83,682 D | | | |
| | | ٦ | Table II - | | | | | | | | osed c | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | | ransaction ode (Instr. | | of | | Exerci on Dat Day/Ye | | of Securities | | es Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiratio Date | n Tit | le | Amount or Number of Shares | | | | | |
| Deferred Share | (1) | 02/23/2017 | | | M | | | 77,311 | (1) | | (1) | | mmon Share | 77,311 | \$0 | 290,35 | 1 | D | |

Explanation of Responses:

1. Each deferred share represents a contingent right to receive one Civeo common share payable in cash. The deferred shares vest at various times based on grant date. 77,311 shares vested on February 23, 2017.

Remarks:

Senior Vice President, Australia

/s/ Peter McCann, by Bradley J. 02/27/2017 Dodson, as Attorney-in-Fact

** 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.