FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

1. Name and Add Brewer Bar	1 0	Person [*]	2. Issuer Name and Ticker or Trading Symbol <u>Civeo Corp</u> [CVEO]		tionship of Reporting Pe all applicable) Director	10% Owner				
(Last) 333 CLAY ST	(First) TREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024	X	Officer (give title below) Vice President and	Other (specify below) d Controller				
SUITE 4980			4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	idual or Joint/Group Fili					
(Street)				X	Form filed by One Re	porting Person				
HOUSTON	ТХ	77002			Form filed by More th Person	an One Reporting				
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication							
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							
		Table I - Non-D	erivative Securities Acquired, Disposed of, or Ben	eficially	Owned					

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		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 Transaction(c)			(
Common Shares	02/23/2024		М		1,558	Α	(1)	9,838	D	
Common Shares	02/23/2024		D		1,558	D	\$22.4	8,280	D	
Common Shares	02/25/2024		М		2,110	Α	(2)	10,390	D	
Common Shares	02/25/2024		D		2,110	D	\$22.4	8,280	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(0)	· ·		<u> </u>		· • ·			,				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deri Sec Acq (A) Disp of (I	oosed D) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of		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				
Phantom Shares	(1)	02/23/2024		М			1,558	(1)	(1)	Common Share	1,558	\$ <mark>0</mark>	7,336	D	
Phantom Shares	(2)	02/25/2024		М			2,110	(2)	(2)	Common Share	2,110	\$ <mark>0</mark>	5,226	D	

Explanation of Responses:

1. Each phantom share was the economic equivalent of one Civeo common share payable in cash. the phantom shares vest at various times based on grant date. 1,558 shares vested on February 23, 2024. 2. Each phantom share was the economic equivalent of one Civeo common share payable in cash. the phantom shares vest at various times based on grant date. 2,110 shares vested on February 25, 2024.

Remarks:

/s/Barclay Brewer, by Bradley	02/2
Dodson, as Attorney-in-Fact	02/2

27/2024

** 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.

 \square