FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
|------------------|------------|----------------|-------------|

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | urden | | | | | | | |

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hours per response:

| 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* McCann Peter | | | | | | 2. Issuer Name and Ticker or Trading Symbol Civeo Corp [CVEO] | | | | | | | | | eck all appli Directo | cable) or | g Pers | son(s) to Iss | vner |
|---|---|--|---|--|---|--|--------|---|--|-----|--|-----------------------------------|--|---|--|--------------------------------------|--|--|------------|
| (Last) (First) (Middle) 333 CLAY STREET, SUITE 4980 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2015 | | | | | | | |] | x below) | er (give title N) See Rema | | Other (s below) ks | вреспу | |
| (Street) HOUSTON TX 77002 (City) (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Sec | curiti | ies Ac | quired, | Dis | posed (| of, or B | ene | ficial | y Owne | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | action 2A. Deemed Execution Date | | 3. 4. Secur Transaction Dispose Code (Instr. 5) | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a | | | 5. Amou Securiti Benefic Owned | int of es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | nt (A) or | | Price | | orted isaction(s) tr. 3 and 4) | | | (Instr. 4) |
| Common Stock 02/16/ | | | | | /2015 | | | М | м 4,59 | | 3 A | | (1) | 19 | .9,130 | | D | | |
| | | Т | able II - D | | | | | | | | | , or Ber ble sec | | | 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, T | 4. Transaction Code (Instr 8) | | n of l | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercisal | | xpiration ate | Title | or Nu of | nount mber ares | | | | | |
| Deferred | (1) | 02/16/2015 | | | M | | | 4,593 | (1) | Т | (1) | Common | 4, | .593 | \$ 0 | 66,277 | , | D | |

Explanation of Responses:

1. Each share of deferred stock represents a contingent right to receive one share of common stock of the Issuer. The deferred stock vests at various times based on the grant date. 4,593 shares vested on February 16, 2015.

Remarks:

Senior Vice President, Australia

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

02/16/2015

** 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.