$\square$ 

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

7										
OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response:	0.5									

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 Address of Reporting Person <sup>*</sup> Stone Carolyn J				uer Name <b>and</b> Tick eo Corp [ CVI		ading	Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
									Director	10% 0	Owner			
, 	(E) ()	(Middle)		te of Earliest Transa	action (N	/lonth/	Day/Year)	X	Officer (give title below)	Other below	(specify )			
(Last)	(First)	02/2	2/2024					SVP, CFO	& Treasurer					
333 CLAY STREET, SUITE 4980								_	, ,					
·				Amendment, Date of	Origina	I Filec	I (Month/Day/Y	6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)								X	Form filed by One	e Reporting Pers	son			
HOUSTON	TX	77002							Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Rul	e 10b5-1(c)	sact									
				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 - No	on-Derivative	Securities Acc	uired	, Dis	posed of,	or Ben	eficially	Owned				
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		(A) or 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
				Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
Common Shares 02/22/2					М		4,798	Α	(1)	39,310	D			
Common Share	es		02/22/2024		D		4,798	D	\$22.51	34,512	D			
Common Share	28		02/22/2024		Α		13,963(2)	Α	\$ <mark>0</mark>	48,475	D			
Common Shares 02/22/2			02/22/2024		F		5,726	D	\$22.51	42,749	D			

(e.g., puts, calls, warrants, options, convertible securities)

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 Expiration Date Derivative (Month/Day/Year) Securities		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				
Phantom Shares	(1)	02/22/2024		М			4,798	(1)	(1)	Common Shares	4,798	\$ <mark>0</mark>	22,596	D	

Explanation of Responses:

1. Each phantom share was the economic equivalent of one Civeo common share and is payable in cash. The phantom shares vest at various times based on the grant date. 4,798 shares vested on February 22, 2024.

2. Settlement of performance share award under the 2014 Equity Participation Plan of Civeo Corporation that cliff vested at 97% on the third anniversary of February 22, 2021.

Remarks:

/s/ Carolyn Stone, by Bradley J. Dodson, Attorney-in-fact

\*\* Signature of Reporting Person Date

02/26/2024

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.