FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	'ROVAL
OMB Number:	3235-028

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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* $\underline{LAMBERT\ MARTIN}$																ck all app	tionship of Reporting Pers all applicable) Director			uer <i>I</i> ner
(Last) 333 CLA	•	rst) C, SUITE 4980	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/29/2014											Officer (give title below)		Other (s below)	pecify
(Street) HOUSTON TX 77002				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)											ividual or Joint/Group Filing (Check Applicab Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(SI		(Zip)	n-Deri	vativ	o Se	curit	ies Ac	· auii	red D		n head o	of or F	one	aficially	v Owne	d			
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/				saction	action 2/ Ex Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	r 5. Amount of Securities Beneficially Owned Follon		Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									G	Code	,	Amount	(A) or (D) Pr		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 09)5/201	2014			M		16,03	9	A	(1)	8	1,680		D		
Common	Stock			09/0)5/201	4				D		16,03	19)	\$25	6	5,641			
		-	Гable II -									sed of, onvertil				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 D if any (Month/Day/	Date,		Transaction Code (Instr.				ate Exer iration E nth/Day/	ate			ecurity	8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ode V		(D)	Date Exe	e rcisable		xpiration ate	Title	0 N 0	Amount or Jumber of Shares					
Phantom Stock	(2)	08/29/2014			A		81			(2)		(2)	Commo	n	81	\$25.44	16,03	39	D	
Phantom Stock	(1)	09/05/2014			M			16,039		(1)		(1)	Commo	n 1	16,039	(1)	0		D	

Explanation of Responses:

1. Reflects the non-volitional settlement of phantom stock resulting from the transfer of the Reporting Person's Deferred Compensation Plan Account (the "Account") from Oil States International, Inc., the company from which the Issuer spun-off on May 30, 2014, to the Issuer. Because the Issuer's common stock is not an investment option under the Issuer's Deferred Compensation Plan (the "Plan"), the Plan administrator (the "Administrator") disposed of the Issuer's common stock held by the Reporting Person in the Account. The Reporting Person had no investment control over the Administrator's decision to

2. Acquired pursuant to the Deferred Compensation Plan of Oil States International, Inc. (prior to the transfer described in Footnote 1) upon payment by Civeo Corporation of its quarterly dividend. Each share of phantom stock is the economic equivalent of one share of Civeo Corporation stock. The shares of phantom stock become payable in cash upon the Reporting Person's termination of service as a director.

/s/ Martin Lambert, by Bradley J. Dodson, as Attorney-in-Fact

04/16/2015

** 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.