FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|--|---|--|-------------|----------------------------------|--------|--|--|------------------------|--|--|---|---|---|---|------------------------------------|-------------|
| 1. Name and Address of Reporting Person* GIBBONS JOHN D | | | | 2. Issuer Name and Ticker or Trading Symbol W&T OFFSHORE INC [WTI] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner | | | | | | |
| NINE GREENWAY PLAZA, SUITE 300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2008 | | | | | | | | X Officer (give title below) Other (specify below) Chief Financial Officer | | | | | | |
| (Street) HOUSTON, TX 77046 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | | quir | ired, Disposed of, or Beneficially Owned | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | tion Date, | if C | (Instr. 8) | | (A) or Disposed of (D (Instr. 3, 4 and 5) | | | D) | Beneficially Owned Following Reported Transaction(s) | | | Ownership of Form: | Beneficial | | |
| | | | | ar) | Code | e | V | Amoun | (A) or (D) | Pric | | (Instr. 3 a | na 4) | | Direct (D) or Indirect (I) (Instr. 4) | rect (Instr. 4) | | |
| Common | Stock | | 12/15/2008 | | | | F | | | 934 | D | \$ 13.4 | 49 | 9,087 | | | D | |
| Common Stock | | 03/12/2009 | | | | A | | | 25,18° | 7 A | \$ 0 | | 34,274 | | | D | | |
| Reminder: 1 | Report on a s | separate fine to | or each class of secur | Deriva | tive Secui | rities | Acqı | F C t | Personta the fo | ons whained in orm dis | no responding this formula of the second sec | orm a a cur enefic | are ren | not requ tly valid | | ormation spond unle rol numbe | ss | 1474 (9-02) |
| | | 1 | | | uts, calls, | | ants, | | | | | | | | | | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | | Execution Da Year) any | 4. Transaction Code Year) (Instr. 8) | | of Dec Sec Acc (A) Dissof (Inc.) | Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | A U S | Amor Inde Secur Instr | itle and ount of lerlying urities tr. 3 and | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Ownersh (Instr. 4) D) ect | |
| | | | | | Code V | 7 (A |) (1 | | Date Exer | cisable | Expirati Date | ion T | itle | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | | | |
|---|---------------|--------------|-------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| GIBBONS JOHN D NINE GREENWAY PLAZA SUITE 300 HOUSTON, TX 77046 | | | Chief Financial Officer | | | | | | |

Signatures

| /s/ JOHN D. GIBBONS | 03/13/2009 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).
- (1) Grant of restricted shares of common stock, subject to vesting, pursuant to the Company's Long Term Incentive Compensation Plan, as amended.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.