FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 * Schroeder Stephen L | | | | 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) Director 10% Owner | | | | | |
| (Last) (First) (Middle) NINE GREENWAY PLAZA, SUITE 300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2009 | | | | | | | X Officer (give title below) Other (specify below) Chief Operating Officer | | | | | |
| (Street) | | | | 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 | | | | | |
| | ON, TX 77 | | | | | | | | | | | | | - Cite Reporting | | |
| (City | ") | (State) | (Zip) | | Ta | ble I - | Non- | -Deriva | ative S | ecurities | Acquir | red, Dispo | osed of, or l | Beneficially | Owned | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | Execution Date, if | | | (A | A. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | of (D) | Beneficia | unt of Securities ially Owned Following d Transaction(s) | | 6. Ownership Form: | 7. Nature of Indirect Beneficial | |
| | | | | (Month/Day/ | Year) | | ode | V A | mount | (A) or (D) | Price | (Instr. 3 and 4) Direct (E or Indirect (I) | | or Indirect | Ownership (Instr. 4) | |
| СОММО | ON STOCK | ζ | 12/15/2009 | | |] | F | 3, | ,588 | | \$ 11.39 | 98,908 | | | D | |
| Reminder: | Report on a s | separate line for | each class of secur | ities beneficia | lly ow | vned d | F | Person contain | ns who ned in | respo | m are | not requ | | spond unle | ss | 1474 (9-02) |
| Reminder: | Report on a s | separate line for | | ities beneficia | | | F | Person contain he fori | ns who ned in m dis | o respon this for plays a | m are curren | not requ tly valid | ired to res | | ss | 1474 (9-02) |
| 1. Title of | | 3. Transaction | Table II - I (3A. Deemed Execution Da | Derivative See.g., puts, cal 4. te, if Transac Code | curition I | es Ace | quireces, optimer ative ative states and sed 3, | Person contain he form | ns who ned in m disp osed of onverting Exerci- | o responding this for Bendible secunisable in Date | eficially rities) 7. Tit Amore Under Security | not required the requirement of carrying | OMB conf | spond unle | of 10. Ownersl Form of Derivati Security Direct (l or Indire | 11. Natu of Indire Benefici: Ownersh (Instr. 4) |

Reporting Owners

| | | Relationships | | | | | |
|-----|---|---------------|--------------|-------------------------|-------|--|--|
| | Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| NIN | roeder Stephen L NE GREENWAY PLAZA, SUITE 300 USTON, TX 77046 | | | Chief Operating Officer | | | |

Signatures

| /s/ STEPHEN L. SCHROEDER | 12/17/2009 |
|---------------------------------|------------|
| **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).

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.