## 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

	pe Response	s)												
1. Name and Address of Reporting Person* LEA W REID			2. Issuer Name and Ticker or Trading Symbol W&T OFFSHORE INC [WTI]						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)  Executive Vice President						
(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						
HOUST	ON, TX 77	7046									ed by More man	One Reporting	reison	
(City	<i>i</i> )	(State)	(Zip)	Ta	ible I - Noi	ı-Deriva	ative S	ecurities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership Form:	Beneficial		
				(Month/Day/Year)	Code	VA	mount	(A) or t (D)	Price	(Instr. 3 a	nstr. 3 and 4)			Ownership (Instr. 4)
COMMON STOCK 1.		12/15/2009		F	6	6,652 I	D \$	\$ 11.39	1,39 178,08	1		D		
												spond unle		
				Derivative Securit	ies Acquir	the for	m dis	plays a of, or Ber	curre reficial	ntly valid	OMB con	spond unie trol numbe		

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LEA W REID NINE GREENWAY PLAZA, SUITE 300 HOUSTON, TX 77046			Executive Vice President			

### **Signatures**

/s/ W. REID LEA	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.