# FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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nours per response	e 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 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* Schroeder Stephen L			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) 12/15/2010						X Officer (give title below) Other (specify below)  SVP & 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						
HOUSTON, TX 77046  (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu											
		` ′			1 a	1									
(Instr. 3) Date		<ol> <li>Transaction</li> <li>Date</li> <li>(Month/Day/Year)</li> </ol>			if Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s) Ownersl Form:		Ownership Form:	7. Nature of Indirect Beneficial		
				(Month/Day/	Year)	Cod	le	V Amo	(A) or (D)	Price	(Instr. 3 and 4) Direct (D or Indirect (I)		or Indirect	Ownership (Instr. 4)	
СОММО	ON STOCE	ζ	12/15/2010			F		2,86	· · /		96,043			D	
Reminder:	Report on a s	separate line for	each class of secur	ities beneficial	lly ow	vned dii	P	ersons v ontained	ho respo	rm are	not requ		spond unle	ss	1474 (9-02)
Reminder:	Report on a s	separate line for	Table II - I	Derivative Sec	curitic	es Acqı	P co th	ersons vontained ne form o	tho respo in this fo isplays a	orm are currei	not requesting noting valid	uired to res OMB con		ss	1474 (9-02)
1. Title of		3. Transaction Date (Month/Day/Y	Table II - I (  3A. Deemed Execution Date ear)		state of the state	es Acqu rrants,	Proceedings of the second of t	ersons vontained ne form o	rho respo in this fo isplays a l of, or Be rtible securisable ion Date	neficial urities) 7. Ti Amo	not requesting noting valid	uired to re	spond unle trol numbe	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indired Beneficia Ownersh (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Schroeder Stephen L NINE GREENWAY PLAZA, SUITE 300 HOUSTON, TX 77046			SVP & Chief Operating Officer			

# **Signatures**

/s/ Thomes F. Getten, attorney-in-fact	12/20/2010
**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.