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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 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 Responses													
1. Name and Address of Reporting Person * KATZ STUART B (Last) (First) (Middle) NINE GREENWAY PLAZA, SUITE 300 (Street) HOUSTON, TX 77046			2. Issuer Name and Ticker or Trading Symbol W&T OFFSHORE INC [WTI] 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2013				5	S. Relationship of Reporting Person(s) to Issuer						
							-							
			4. If Amendment, Date Original Filed(Month/Day/Year)										e Line)	
(City))	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3) Dat		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	f Code (Instr.		(A) or D	ecurities Acquire or Disposed of (I r. 3, 4 and 5)		5. Amount of Section Beneficially Owner Reported Transact (Instr. 3 and 4)		Following (s)	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	_			(Instr. 4)					
COMMO	N STOCK	ζ	05/07/2013		A		5,490	A	\$0	31,667			D	
	Report on a s	separate line for	each class of securi	ities beneficially ov	vned dire	Perso contai	ns who	respon this forr	n are	not requ		spond unles	ss	474 (9-02)
	Report on a s	separate line for	Table II - I	Derivative Securit	ies Acqui	Perso contai the fo	ns who ned in rm disp	respon this form plays a c	n are urren ficiall	not requ tly valid	uired to res OMB cont		ss	474 (9-02)
1. Title of Derivative Security (Instr. 3)	•	3. Transaction Date (Month/Day/Y	Table II - I	Derivative Securites, puts, calls, was 4. e, if Transaction Code (Instr. 8)	ies Acqui	Perso contait the following the following the following contains the following the fol	ns who ned in rm disp	respon this forr plays a c , or Bene ble secur sable	ficially ities) 7. Tit Amou Unde Secur	not required the requirement of carrying	OMB conf	spond unles	of 10. Ownersh Form of Derivativ Security: Direct (C or Indirec	ip of Indir Benefic Owners (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KATZ STUART B NINE GREENWAY PLAZA SUITE 300 HOUSTON, TX 77046	X					

Signatures

/s/ Thomas F. Getten	05/09/2013	
**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.