| FORM 4 | 4 |
|--------|---|
|--------|---|

| Check this box if no |
|-----------------------|
| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |

(Print or Type Perponses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Type Responses) | | | | | | | | | | | |
|---|--|--|-------------|------|------------------------|---|--|--|-------|---|--|
| 1. Name and Address of Repo Bump David M | 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) (Firs NINE GREENWAY PL | · · · · · · | 3. Date of Earliest Transaction (Month/Day/Year) 08/23/2019 | | | | | X_Officer (give title below) Other (specify below) See Remarks | | | | |
| (Stre 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) (Sta | te) (Zip) | Tal | ble I - Non | -Der | ivative Se | curities | s Acqu | ired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if | | | (A) or Disposed of (D) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Form: | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 08/23/2019 | | S | | 13,500 | D | \$ 4.31 | 41,219 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | | · · · · · · · · · · · · · · · · · · · | | |
|----------|----------------|-------------|---------------------------------------|-------|--|
| (e.g.,] | outs, calls, w | arrants, op | tions, convertible securi | ties) | |
| | | | | | |

| Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | of Deriv Secur Acqui (A) of Dispo of (D) (Instr. | ber ative ities ired r bsed) . 3, | and Expiration Date (Month/Day/Year) | | and Expiration Date | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | n Date Amount of | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
|------------------------|------------|--|---|------|---|---|---|--------------------|---------------------|--|--|--|------------------|--|--------------------------------------|--|--|------------|
| | | | | Code | 4, and (A) | , | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|--------------|-------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Bump David M NINE GREENWAY PLAZA, SUITE 300 HOUSTON, TX 77046 | | | See Remarks | | | | | |

Signatures

| /s/ By Shahid Ghauri, attorney-in-fact for David M. Bump | 08/26/2019 |
|--|------------|
| **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).

Remarks:

Executive Vice President, Drilling, Completions and Facilities

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.