Sciotto Dennis Form 4 June 04, 2009

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

Sciotto Dennis

(Last)

OMNI ENERGY SERVICES CORP

(Check all applicable)

[OMNI]

(Middle)

3. Date of Earliest Transaction

X Director 10% Owner Officer (give title Other (specify

(First)

(Street)

05/29/2009

6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original

(Month/Day/Year)

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

below)

CARLSBAD, CA 92009

7315 EL FUERTE STREET

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

5. Amount of Securities Beneficially Owned (I)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(A) or

Reported Transaction(s) (Instr. 3 and 4)

Following

Code V Amount (D) Price

(Instr. 3, 4 and 5)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amount TransactionDerivative (Month/Day/Year) **Expiration Date** Underlying Securitie Derivative Conversion Execution Date, if Securities (Month/Day/Year) (Instr. 3 and 4) Security or Exercise Code any

Edgar Filing: Sciotto Dennis - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Director Options	\$ 2.48	05/29/2009		<u>J(1)</u>		10,000	08/10/2006	08/10/2015	Common Stock	10,00
Director Options	\$ 10.13	05/29/2009		J <u>(1)</u>		5,000	06/28/2007	06/28/2016	Common Stock	5,00
Director Options	\$ 7.38	05/29/2009		<u>J(1)</u>		5,000	08/08/2008	08/08/2017	Common Stock	5,00
Director Options	\$ 6.42	05/29/2009		<u>J(1)</u>		5,000	06/05/2009	06/05/2018	Common Stock	5,00
Director Options	\$ 2.28	05/29/2009		<u>J(1)</u>	9,750		08/10/2006	08/10/2015	Common Stock	9,75
Director Options	\$ 2.28	05/29/2009		<u>J(1)</u>	2,912		06/28/2007	06/28/2016	Common Stock	2,91
Director Options	\$ 2.28	05/29/2009		<u>J(1)</u>	3,581		08/08/2008	08/08/2017	Common Stock	3,58
Director Options	\$ 2.28	05/29/2009		<u>J(1)</u>	3,881		06/05/2009	06/05/2018	Common Stock	3,88

Reporting Owners

Reporting Owner Name / Address	Relationships						
Fg	Director	10% Owner	Officer	Other			
Sciotto Dennis 7315 EL FUERTE STREET CARLSBAD, CA 92009	X						

Signatures

Dennis R.
Sciotto

**Signature of Reporting Person

Denote Reporting Person

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).
- (1) Option Replacement Program

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.

Reporting Owners 2