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

| (Print or Typ | e Responses | s) | | | | | | | | | | | | | | | | | |
|--|---|--|--|-----------------------------------|--|--|--|-------|--|--|-----------------|--|---|---|--|---|---------------------------------------|---|--|
| 1. Name and Address of Reporting Person *- Papouras Christopher Pashalis | | | | | 2. Issuer Name and Ticker or Trading Symbol Bristow Group Inc. [VTOL] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O BRISTOW GROUP INC., 3151 BRIARPARK DRIVE SUITE 700 7TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2020 | | | | | | | | | cer (give title be | | Other (specify b | elow) | | |
| (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 | | | | | | |
| HOUSTON, TX 77042 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City |) | (State) | (Zip) | | | | Table | I - N | on-Der | ivativ | e Securit | ies A | Acqu | ired, Dis | posed of, or | Beneficially (| Owned | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | Exec | 2A. Deemed Execution Date, i any (Month/Day/Year | | (Instr. 8) | | | 4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) | | dof | of (D) Benefici | | nt of Securit ally Owned : Transaction and 4) | Following n(s) | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | C | ode | V | Amou | (A) or | | rice | | | | (I) (Instr. 4) | | |
| | | | Table II | | | | | | conta the for | ained orm c ispose | in this f | orm a cu Bene | n are urrei ficial | not req ntly valid | uired to re d OMB cor | nformation espond unles ntrol number | s | 1474 (9-02) | |
| Derivative Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | | e, if Transaction Code (Instr. 8) | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | U S | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | | (A) | (D) | Date Exerc | isable | Expiration Date | on 7 | Γitle | Amount or Number of Shares | | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | | | |

| Demosting Orange Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Papouras Christopher Pashalis C/O BRISTOW GROUP INC. 3151 BRIARPARK DRIVE SUITE 700 7TH FLOOR HOUSTON, TX 77042 | X | | | | | | |

Signatures

/s/Crystal L. Gordon, Attorney-in-Fact for Christopher P. Papouras

-**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.