

Sciotto Dennis  
Form 4  
June 04, 2009

**FORM 4**

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

OMB APPROVAL

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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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Sciotto Dennis

2. Issuer Name and Ticker or Trading Symbol  
OMNI ENERGY SERVICES CORP  
[OMNI]

5. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)

(Last) (First) (Middle)  
7315 EL FUERTE STREET  
(Street)

3. Date of Earliest Transaction  
(Month/Day/Year)  
05/29/2009

Director  10% Owner  
 Officer (give title below)  Other (specify below)

CARLSBAD, CA 92009  
(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Price		
				Code	V	Amount	

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

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

SEC 1474  
(9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount Underlying Securities (Instr. 3 and 4)
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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares
			Code	V				
Director Options	\$ 2.48	05/29/2009	J <sup>(1)</sup>	10,000	08/10/2006	08/10/2015	Common Stock	10,000
Director Options	\$ 10.13	05/29/2009	J <sup>(1)</sup>	5,000	06/28/2007	06/28/2016	Common Stock	5,000
Director Options	\$ 7.38	05/29/2009	J <sup>(1)</sup>	5,000	08/08/2008	08/08/2017	Common Stock	5,000
Director Options	\$ 6.42	05/29/2009	J <sup>(1)</sup>	5,000	06/05/2009	06/05/2018	Common Stock	5,000
Director Options	\$ 2.28	05/29/2009	J <sup>(1)</sup>	9,750	08/10/2006	08/10/2015	Common Stock	9,750
Director Options	\$ 2.28	05/29/2009	J <sup>(1)</sup>	2,912	06/28/2007	06/28/2016	Common Stock	2,912
Director Options	\$ 2.28	05/29/2009	J <sup>(1)</sup>	3,581	08/08/2008	08/08/2017	Common Stock	3,581
Director Options	\$ 2.28	05/29/2009	J <sup>(1)</sup>	3,881	06/05/2009	06/05/2018	Common Stock	3,881

## Reporting Owners

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

## Signatures

Dennis R. Sciotto 06/04/2009

\*\*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).

(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.