FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person*  RALLS W MATT						2. Issuer Name and Ticker or Trading Symbol SUPERIOR ENERGY SERVICES INC SPN									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					SPI										X Dire		tor	10%	Owner	
					1										Office	er (give title	Othe belo	er (specify		
` '	(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								DEIOV	v)	Delo	vv)	
C/O SUPERIOR ENERGY SERVICES, INC.					02/	02/07/2012														
11000 EQUITY DRIVE, SUITE 300				<u> </u>	4.64								+	C to dividual an Initel Consum Fillian (Obserts A. P. 11						
						4. If Amendment, Date of Original Filed (Month/Day/Year) 02/08/2012									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ONI III	, ,	770.41		02/	02/00/2012									X Form filed by One Reporting Person					
HOUST	ON T	<b>(</b>	77041															re than One R	eporting	
					1											Pers	on			
(City)	(St	ate) (	Zip)																	
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, oı	r Bene	eficia	ally O	wne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Day/Year)   Exc		2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Se Be Ov		unt of ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price	,  т	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)	
Common Stock 02/07/				7/2012						47,050	0 <sup>(1)</sup> A		(1	47,050		7,050	D			
		Та									sed of, onvertib				y Owi	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye.	Date,	4. Transaction Code (Instr		5. Number of		6. Date Exercisable an Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Pric Deriva Securi (Instr.	ative de ity So 5) Bo Fo Ro Tr	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of							

## **Explanation of Responses:**

1. Acquired pursuant to the Agreement and Plan of Merger between Complete Production Services, Inc. ("Complete"), the Issuer and an indirect wholly owned subsidiary of the Issuer in exchange for shares of Complete common stock. Each share of Complete common stock held by the Reporting Person at the effective time of the merger was converted into 0.945 shares of Issuer common stock plus \$7.00 in cash, without interest, plus cash in lieu of any fractional shares of Superior common stock.

## Remarks:

This amendment is being filed to include an additional 1,278 shares that were received by Mr. Ralls in exchange for Complete common stock pursuant to the Agreement and Plan of Merger, which shares were inadvertently omitted from the original Form 4.

/s/ William B. Masters on behalf of W. Matt Ralls 05/18/2012

\*\* Signature of Reporting Person Date

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

- \* 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.

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 Number.