FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|------------------|

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|-----------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average bur | den | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| Name and Address of Reporting Person* Holleman James A | | | | SU | 2. Issuer Name and Ticker or Trading Symbol SUPERIOR ENERGY SERVICES INC [SPN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | |
|---|----------|--------|----------------|---|--|------------------|--|--------|------------------|---|--------------------|-----------------------|--|---|---|--|--|-----|
| (Last) 601 POY SUITE 2 | DRAS STI | rst) (| | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2011 | | | | | | | | | X Officer (give title Other (specify below) below) Executive Vice President | | | | | |
| (Street) NEW ORLEAD (City) | | | 70130 (Zip) | | 4. If | f Amer | ndment, | Date o | of Original | Filed | i (Month/Da | ay/Yea | ar) | | ne) X Fo Fo | rm filed by On | p Filing (Check . e Reporting Per re than One Re | son |
| | | Tabl | le I - Noi | n-Deriv | /ative | Sec | uritie | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | ally Owi | ned | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | Execution Date | | n Date, | 3. 4. Securities Acquired Disposed Of (D) (Instr. s) | | | | | nd Seci Ben Owr | nount of urities eficially ed Following orted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) or (D) Pric | | Price | Transportion(c) | | | () | | |
| Common Stock 01/01/ | | | | /2011 | | F ⁽¹⁾ | | 2,335 | 5 | D | \$34 | .99 | 12,976 ⁽²⁾ | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | Date, | | Transaction of Code (Instr. Derivative | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of Sha | res | | | | |

Explanation of Responses:

- 1. Shares withheld to cover taxes due upon the vesting of restricted stock.
- $2.\ Includes\ 1,\!576\ shares\ of\ common\ stock\ purchased\ through\ the\ company's\ employee\ stock\ purchase\ plan\ as\ of\ December\ 31,\ 2010.$

/s/ William B. Masters on behalf of James A. Holleman 01/04/2011

** 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.