FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 |) | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|-----------------------|---|---|---|-------------------------------------|--------------------------|-----------------------------------|------------------|-------------------------|---|-----------------|--|--|---|---|----------------------------|-----------------|---|
| 1. Name and Address of Reporting Person * BRASSFIELD W KIRK | | | | | 2. Issuer Name and Ticker or Trading Symbol PARKER DRILLING CO /DE/ [PKD] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Middle) 5 GREENWAY PLAZA, SUITE 100 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2011 | | | | | | | | | X Officer (give title below) Other (specify below) Sr V P & CFO | | | | | | |
| (Street) HOUSTON, TX 77046 | | | | 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 Form filed by More than One Reporting Person | | | | | | |
| (City | | (State) | (Zip) | | | | Table | I - No | n-Deri | ivative | Securities | s Acqu | iired, D | isposed o | of, or Benef | icially Owne | ed | | - |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year | Execut any | 2A. Deemed Execution Date, if | | 3. Tra Code (Instr | 3. Transact Code (Instr. 8) | | 4. Secu (A) or I | rities Acquesis Acques Disposed of S, 4 and 5) | uired of (D) | Transaction(s) Form: (Instr. 3 and 4) Direct or Indi (I) | | | 6. Ownership Form: Direct (D) or Indirect | Beneficia Ownersh | ct al nip | |
| 401K Common Stock | | | | | | | | | | | | 24,46 | 24,469.6015 (1) | | I | 401(k) Plan | | | |
| Common Stock | | | 03/01/2011 | | | I | 4 | 4 | 46,422 |) Δ | \$ 5.27 | 358,8 | ,896 | | | D | | | |
| Common Stock | | | 03/01/2011 | | | |] | 7 | | 12,746 | \ | \$ 5.27 | 346,1 | 50 | | | D | | |
| | | | Table II - | | | | | c quired | displa displa | ys a c | urrently v f, or Bene | valid | OMB c | ontrol n | unless the umber. | 101111 | | | |
| 1. Title of Derivative Security (Instr. 3) | f 2. 3. Transaction 3A. Deemed 4. | | 5. Number of Derivative | | | Expiration Date (Month/Day/Year) | | | | 7. 7 An Un Sec | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Ownership (Instr. 4) D) | direct ficial ership | | |
| | | | | Code | v | (A) | (D) | Date Exerc | cisable | | Expiration Date | Tit | le | Amount or Number of Shares | | | | | |
| Restricted Stock Units | \$ 0 | 03/01/2011 | | D | | 4 | 16,422 | 03/0 | 01/201 | 1(2) | 03/01/201 | 111 | ommon Stock | 46,422 | \$ 0 | 77,406 | D | | |
| | ting Ov | wners Jame / Address | | Relation | ship | os | | |] | | | | | | | | | | |

Signatures

BRASSFIELD W KIRK

HOUSTON, TX 77046

| W Kirk Brassfield | 03/03/2011 |
|-------------------------------|------------|
| Signature of Reporting Person | Date |

5 GREENWAY PLAZA, SUITE 100

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) Shares of PKD common stock in 401(k) as of March 1, 2011.
- (2) Each restricted stock unit represents a contingent right to receive one share of PKD common stock.

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.

Sr V P & CFO