FORM 4

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

| OMB APPRO | OVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average b | urden |
| hours per reepense | 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 Ty | pe Responses | 5) | | | | | | | | | | | | | | |
|---|---|------|--|--|-----------------------|--|--|--|---|---|---|--------------------|---------------------------------|---|--|---|
| Name and Address of Reporting Person * Caflisch Luigi P | | | | 2. Issuer Name and Ticker or Trading Symbol VAALCO ENERGY INC /DE/ [EGY] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner | | | | | | |
| WOOD END, WHISPER WOOD, LOUDWATER | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2005 | | | | | | | Officer (give ti | tle below) | Other | (specify belo | w) | |
| (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 Form filed by More than One Reporting Person lired, Disposed of, or Beneficially Owned | | | | | | |
| HERTS, X0 WD3 4JU (City) (State) (Zip) | | | | Table L. Non Davidative Counties Assu | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye: | | | 2A. Deemed Execution Date, i any (Month/Day/Yea | | ned 3 n Date, if (| 3. Tra Code Instr | ansaction 4 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 | Securities Acq A) or Disposed onstr. 3, 4 and 5) (A) or mount (D) | uired of (D) | 5. Am Owne Trans | nount of Sec ad Following action(s) . 3 and 4) | urities Bene | eficially (| 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Reminder: | | | | | | | | Persons | who respon | d to the | e colle | ection of i | nformatio | n contained | SEC | 1474 (9-02) |
| Kemmaer. | | | Table I | | | | | in this f a curre | orm are not rently valid OME sed of, or Bene | equired 3 contr eficially | d to re | espond un mber. | | | | |
| | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if | 4. Transac Code | tion | | r of (A) | quired, Dispos, options, co. 6. Date Exer Expiration D (Month/Day/ | orm are not rently valid OME sed of, or Beneavertible securicisable and ate | equired Control Cicially Cities 7. Tit of Un Secur | Owne le and | Amount | less the fo | 9. Number o | f 10. Owners Form o Derivat Security Direct (or Indir | Ownership (Instr. 4) |
| 1. Title of Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, if any | 4. Transac Code | tion | 5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4 | r of (A) | in this f a current quired, Dispos, options, co 6. Date Exer Expiration D (Month/Day, | orm are not rently valid OME sed of, or Beneavertible securicisable and ate | equired Control Clicially ities) 7. Tit of Un Secur | Owne le and iderlying | Amount | 8. Price of Derivative Security | 9. Number o Derivative Securities Beneficially Owned Following Reported | f 10. Owners Form o Derivat Security Direct (or Indir | ship of Indirect Beneficial Ownership (Instr. 4) |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Caflisch Luigi P WOOD END WHISPER WOOD, LOUDWATER HERTS, X0 WD3 4JU | X | | | | | |

Signatures

| Luigi P. Caflisch | 05/02/2005 |
|---------------------------------|------------|
| **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.