FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 or Section 30(h) of the Investment Company Act of 1940

	ponses)																
1. Name and Address of Reporting Person * CUTRER GAYLA M			2. Issuer Name and Ticker or Trading Symbol VAALCO ENERGY INC /DE/ [EGY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 4600 POST OAK PLACE, SUITE 309				3. Date of Earliest Transaction (Month/Day/Year) 12/24/2009						X Officer (give title below) Other (specify below) Corporate Secretary							
(Street) HOUSTON, TX 77027				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)				T-bl- I	N 1	D 41	G ! 4!-		d Di-		D	:-II O 1		
1.Title of Security		·	2. Transaction	2A. De	amad		3. Transa				-		-		rially Owned	5.	7. Nature
(Instr. 3)		Date (Month/Day/Yea	Execution Date, if		,	Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)					ecurities Beneficially ng Reported			of Indirect Beneficial Ownership	
					r cur)	Code	V	Amou	(A) or (D)	Price				or Indirect (Inst (I) (Instr. 4)			
Common Stoc	k		12/24/2009				М		1,400	η Δ	\$ 3.85	18,910)			D	
Common Stoc	k		12/24/2009				S		1,400))	\$ 4.85	17,510)			D	
Common Stoc	k		12/28/2009				M		3,300	0 A	\$ 3.85	20,810)			D	
Common Stoc	k		12/28/2009				S		3,300	0 D	\$ 4.85	17,510)			D	
Reminder: Report	on a separate	e line for each cla	ss of securities be	neficially	owned	l direc	tly or indi	Pers this	form a	•	ired to	respon	d unles		contained displays a	in SEC	1474 (9-02)
			Table II							of, or Benefi	icially (Owned					
1. Title of Derivative Security	or Exercise (Month/Day/Year) any			4. 5. Transaction of Code Pear) (Instr. 8) Se Ac (A Di of (Ir					conver	tible securit	ies)						
(Instr. 3)	Derivative	(Month/Day/Ye	ar) any	Coc	le	De Sec Ac (A) Dis of (In	rivative curities quired) or sposed	6. Date Expira			7. T of U Sec	Title and Auditional Juderlyin nurities str. 3 and	ng		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct (or Indir	Owners y: (Instr. 4) D) ect
(Instr. 3)	Derivative	(Month/Day/Ye	ar) any	Coc (Ins	de str. 8)	De Sec Ac (A) Dis of (In and	rivative curities quired) or sposed (D) str. 3, 4, 15)	6. Date Expira	e Exerci tion Dat h/Day/Y	sable and te	7. T of U Sec	Jnderlyin urities str. 3 and	ng	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form o Derivat Securit Direct (or Indir	chip of Indire f Benefic ive Owners y: (Instr. 4
Non Qualified Stock Option (Right to buy)	Derivative Security	(Month/Day/Ye	ary (Month/Day/Y	Coc (Ins	de str. 8)	De Sec Ac (A) Dis of (In and	rivative curities quired of or spoosed (D) str. 3, 4, 15)	6. Date Expira (Montl	e Exerci tion Dat h/Day/Y	sable and the dear)	7. Tof USec (Ins	Jnderlyin urities str. 3 and	Amount or Number of	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form o Derivat Securit Direct (or Indir	chip of Indire Benefici ive Ownersl (Instr. 4

Reporting Owners

D 11 0 V 1	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CUTRER GAYLA M 4600 POST OAK PLACE SUITE 309 HOUSTON, TX 77027			Corporate Secretary				

Signatures

//Gayla M. Cutrer	12/29/2009
**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).

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.