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CHICAGO BRIDGE & IRON CO N V

Form 3 January 11, 2001

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FORM 3

OMB A	APPROVAL
OMB Number:	3235-0104
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1.	Name and A		Reporting Person*	2.	Date of Event Requiring Statement (Month/Day/Year)	4. Issuer Name and Ticker or Trading Symbol CHICAGO & IRON COMPANY N.V.(NYSE:			
	1415 LOUISIANA ST		(Middle)		1/1/01		5. Relationship of Reporting Person(s) to Issuer		
					I.R.S. Identification Number of Reporting	(Check all applicable) X Director 10% 0			
	HOUSTON	TEXAS	77002		Person, if an entity (voluntary)		Officer		
	(City)	(State)	(Zip)			(give title below)			
	 T	ABLE I :	NON-DERIVATIVE SE	 CUR	RITIES BENEFICIALLY OWNED				
1.	Title of S (Instr. 4)	-		2.	Amount of Securities Beneficially Owned (Instr. 4)	3.	Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		
NO	SECURITIES	OWNED							

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

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*If the form is filed by more than one reporting person, see Instruction 5(b)(v).

POTENTIAL PERSONS WHO ARE TO RESPOND TO TO CONTAINED IN THIS FORM ARE NOT REQUIRED TO A CURRENTLY VALID OMB CONTROL NUMBER.

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FORM 3 (CONTINUED) (e.g				BENEFICIALLY OW CONVERTIBLE SEC	
1. Title of Derivative Security (Instr. 4)	Exerc: Expira (Month Year)	isable and ation Date n/Day/	Securities To Derivative S (Instr. 4)	Jnderlying	
		Expira- tion	Title	Amount or	

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Explanation of Responses: I DO NOT OWN ANY SECURITIES

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.

/s/ MICHAEL D. W

**Signature of R