(Street)
NEW YORK

(City)

(Last)

(Street)

30TH FLOOR

NY

(State)

(First)

1. Name and Address of Reporting Person*

Martino Michael E

110 EAST 59TH STREET

10022

(Zip)

(Middle)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated average burden					
hours per response:	0.5				

				SECURITIES					III.	hours per response: 0.5	
			Filed pursuant or Secti	to Section on 30(h) of	16(a) of the Securities Exchange A f the Investment Company Act of 19	act of 1934 940					
1. Name and Add MASON C. MANAGEN	<u>APITAL</u>		2. Date of Event Requiring Staten (Month/Day/Year 02/27/2013	nent	3. Issuer Name and Ticker or Trace Babcock & Wilcox Co	ding Symbol					
(Last) (First) (Middle) 110 EAST 59TH STREET 30TH FLOOR				Relationship of Reporting Pers (Check all applicable) Director		. ,		5. If Amendment, Date of Original Filed (Month/Day/Year)			
					Officer (give title below)			6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) NEW YORK	NY	10022						I		y One Reporting Person y More than One erson	
(City)	(State)	(Zip)									
			Table I - Non	-Derivat	tive Securities Beneficial	y Owned					
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (Instr. 5)		re of Indirect Beneficial Ownership)		
Common Stock, \$.01 par value					11,894,745	I	See Fo		Footnote ⁽¹⁾⁽²⁾		
		(e			e Securities Beneficially ants, options, convertible		s)				
1. Title of Derivative Security (Instr. 4) 2. Date Exerci Expiration Dat (Month/Day/Y)			ate	Underlying Derivative Security (Instr. 4)		4. Conve	rsion O	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title	Amount or Number of Shares	Price of Derivation Security	ive o	irect (D) r Indirect) (Instr. 5)		
1. Name and Add MASON C		Person* ANAGEMENT	LLC								
(Last) 110 EAST 597 30TH FLOOR		(Middle	e)								
(Street) NEW YORK	NY	10022	2								
(City)	(State)	(Zip)									
1. Name and Add Garschina k		Person*									
(Last) 110 EAST 597 30TH FLOOR		(Middle	e)								

NEW YORK	NY	10022		
(City)	(State)	(Zip)		

Explanation of Responses:

1. The shares of Common Stock reported herein as indirectly beneficially owned by Mason Capital Management LLC ("Mason Management"), Kenneth M. Garschina and Michael E. Martino are directly owned by Mason Capital L.P., a Delaware limited partnership ("Mason Capital LP"), Mason Capital Master Fund, L.P., a Cayman Islands exempted limited partnership ("Mason Capital Master Fund"), and certain other funds and accounts (the "Managed Accounts"). Mason Management is the investment manager of each of Mason Capital LP, Mason Capital Master Fund and the Managed Accounts and may be deemed to have beneficial ownership of the shares of Common Stock reported herein by virtue of the authority granted to Mason Management by Mason Capital LP, Mason Capital Master Fund and the Managed Accounts to vote and dispose of such shares.

2. Mr. Garschina and Mr. Martino may be deemed to have beneficial ownership of the shares of Common Stock reported herein in their capacities as managing principals of Mason Management. Indirect beneficial ownership of the shares of Common Stock reported herein has not been allocated to the Reporting Persons on a proportional basis. Each of Mason Management, Mr. Garschina and Mr. Martino disclaims beneficial ownership of such shares except to the extent of its or his pecuniary interest therein pursuant to Rule 16a-1(a)(2).

/s/ John Grizzetti, Chief
Operating Officer, On behalf of
Mason Capital Management
LLC

02/11/2014

 /s/ Kenneth M. Garschina
 02/11/2014

 /s/ Michael E. Martino
 02/11/2014

 ** Signature of Reporting Person
 Date

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

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).