FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Shanley Casey F			Date of Event equiring Staten Month/Day/Year 3/30/2016	nent 1	3. Issuer Name and Ticker or Trading Symbol Eagle Bulk Shipping Inc. [EGLE]						
(Last) 27 BLUEBER				Relationship of Reporting Person (Check all applicable) X Director		on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) DARIEN	СТ	06820	_		Officer (give title below)		Other (spe below)		S. 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 - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					ially Owned (Instr. 4)			. Nature of Indirect Beneficial Ownership Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Secu Underlying Derivative Secu			4. Convers or Exerc	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title	Đ	Amount or Derivat Securit Securit Shares				

Explanation of Responses:

Remarks:

This Form 3 is being filed in connection with the Reporting Person becoming a member of the Board of Directors of the Issuer.

No securities are beneficially owned.

<u>/s/ Casey F. Shanley</u> <u>04/08/2016</u>

** 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.

 $^{^{\}star}$ 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).