FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

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

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

| 1. Name and Address of Reporting Person* HUNT BRUCE W | | | | | HC | 2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC | | | | | | | | | | | p of Reportin olicable) ctor | ., | o Issuer 6 Owner | |
|--|---|--|--|----------------|---------|--|--|------------------|---|--|--|---|---------------|-------------------|---------------------------|--|---|---|--|--|
| (Last) | ast) (First) (Middle) 03 NORTHPARK BOULEVARD, SUITE 300 | | | | | | /LA [HOS] 3. Date of Earliest Transaction (Month/Day/Year) 07/17/2017 | | | | | | | | | Officer (give title below) | | Oth | er (specify ow) | |
| (Street) COVINGTON LA 70433 (City) (State) (Zip) | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indivine) | Forn Forn | I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curiti | es Ac | quired, | Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ır) I | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr.) 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secu Bene Own | | icially d Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| COMMON STOCK 07/17/2 | | | | | | 2017 | | | A | | 22,036 | (1) | A | \$ <mark>0</mark> | .00 | 135,304 | | D | | |
| COMMON STOCK | | | | | | | | | | | | | | | 2, | | 058,390 | I | by Trust ⁽²⁾ | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, Transact | | | n of Deri Secu Acq (A) o Disp of (E (Inst | of | | 6. Date Exercis Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Deri Seci | rice of ivative curity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ot (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | nber res | | | | | | | |

Explanation of Responses:

- 1. Represents a restricted stock unit award granted to the reporting person for service as a non-employee director of the Company, which vested in full on the Grant Date. This Longevity Grant is awarded pursuant to the Company's Non-Employee Director Compensation Policy.
- 2. Mr. Hunt is a contingent beneficiary of the William Herbert Hunt Trust Estate. Mr. Hunt disclaims beneficial ownership of the Trust securities, and this report shall not be deemed as an admission that Mr. Hunt is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Remarks:

/s/ Beth A. LaBrosse as POA for Bruce W. Hunt

07/19/2017

<u>** Signature of Reporting Person</u>

Date

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

- * 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.

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.