FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

| OMB APP | ROVAL |
|-------------|---------|
| OMB Number: | 3235-02 |

287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or | Secti | on 30(h) | of the i | Ínvestment | Cor | npany Act | of 1940 | | | | | | | |
|------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------|----------|-------------------------------------------|------|------------------------------------------------------------------------------------------------|-------------------|---------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------|-----------------------------------------------------|-----------|
| 1. Name and Address of Reporting Person* TRICE DAVID A | | | | <u>H</u> | 2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| 4 0 | /- | -· | 05111 | | - <u>/L</u> | <u>A</u> [| HOS] | | | | | | | | • | (give title | | Other (s | - |
| (Last) (First) (Middle) 103 NORTHPARK BOULEVARD SUITE 300 | | | | 10 | 3. Date of Earliest Transaction (Month/Day/Year) 10/11/2005 | | | | | | | | | | | | , | | |
| (Street) COVINGTON LA | | 70433 | | = 4. l' - | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing Line) X Form filed by One Rep Form filed by More that Person | | | | | | | | | Repo | porting Person | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | vative | e Se | curitie | s Acc | quired, I | Dis | posed o | f, or B | ene | ficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) Exe | | 2A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | | es Formula (D) Following (I) | | Direct of Indirect Estr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) |
| | | - | Table II - | | | | | | uired, Di , option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Date Execution | | 4. Transa Code (8) | | of | | 5. Date Exel Expiration I Month/Day | | d 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | Code | de V | (A) | | Date Exercisable | | Expiration Date | Title | OI N Of | umber | | | | | |
| Stock Option | \$29.78 | 10/11/2005 | | | A | | 2,425 | | 10/11/2005 ⁽ | 1) 1 | .0/11/2015 | Commo | 1 2 | 2,425 | \$0 | 2,425 | | D | |

Explanation of Responses:

(right to buy)

1. Longevity service grant pursuant to the Company's Non-Employee Director Compensation policy. Options vest 50% upon the date of grant and 50% on the first anniversary of the date of grant.

/s/ Paul M. Ordogne, poa for

10/13/2005

David A. Trice

Stock

** Signature of Reporting Person 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.