

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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 Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>CAHOON ARTHUR L</u>  (Last) (First) (Middle) <u>1200 RIVERPLACE BOULEVARD</u> <u>SUITE 902</u>  (Street) <u>JACKSONVILLE FL 32207</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>HORNBECK OFFSHORE SERVICES INC</u> <u>/LA [ HOS ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/26/2004</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/26/2004		P		120,000	A	\$13	120,000	I <sup>(1)</sup> (4)	by James H. Dahl
Common Stock	03/26/2004		P		55,386	A	\$13	55,386	I <sup>(2)</sup> (4)	by John C. Sites, Jr.
Common Stock	03/26/2004		P		11,500	A	\$13	11,500	I <sup>(3)</sup> (4)	by M. Ashton Hudson

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person* <u>CAHOON ARTHUR L</u>  (Last) (First) (Middle) <u>1200 RIVERPLACE BOULEVARD</u> <u>SUITE 902</u>  (Street) <u>JACKSONVILLE FL 32207</u>  (City) (State) (Zip)
---

1. Name and Address of Reporting Person* <u>ROCK CREEK PARTNERS II LTD</u>  (Last) (First) (Middle) <u>1200 RIVERPLACE BOULEVARD</u> <u>SUITE 902</u>  (Street) <u>JACKSONVILLE FL 32207</u>  (City) (State) (Zip)
--

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[ROCK CREEK II CO INVESTMENTS LTD](#)

(Last) (First) (Middle)

1200 RIVERPLACE BOULEVARD  
SUITE 902

(Street)

JACKSONVILLE FL 32207

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[ROCK CREEK CAPITAL II LTD](#)

(Last) (First) (Middle)

1200 RIVERPLACE BOULEVARD  
SUITE 902

(Street)

JACKSONVILLE FL 32207

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[ROCK CREEK CAPITAL GROUP INC](#)

(Last) (First) (Middle)

1200 RIVERPLACE BOULEVARD  
SUITE 902

(Street)

JACKSONVILLE FL 32207

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[ROCK CREEK ADVISORS INC](#)

(Last) (First) (Middle)

1200 RIVERPLACE BOULEVARD  
SUITE 902

(Street)

JACKSONVILLE FL 32207

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[HAWKEYE INC](#)

(Last) (First) (Middle)

1200 RIVERPLACE BOULEVARD  
SUITE 902

(Street)

JACKSONVILLE FL 32207

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[DAHL JAMES H](#)

(Last) (First) (Middle)

1200 RIVERPLACE BOULEVARD  
SUITE 902

(Street)

JACKSONVILLE FL 32207

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

SITES JOHN C JR

(Last) (First) (Middle)

1200 RIVERPLACE BOULEVARD  
SUITE 902

(Street)

JACKSONVILLE FL 32207

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

HUDSON M ASHTON

(Last) (First) (Middle)

1200 RIVERPLACE BOULEVARD  
SUITE 902

(Street)

JACKSONVILLE FL 32207

(City) (State) (Zip)

**Explanation of Responses:**

1. These shares are owned directly by James H. Dahl, a ten percent owner of the issuer, who possesses sole voting and dispositive power with respect to these shares.
2. These shares are owned directly by John C. Sites, Jr., a ten percent owner of the issuer, who possesses sole voting and dispositive power with respect to these shares.
3. These shares are owned directly by M. Ashton Hudson, a ten percent owner of the issuer, who possesses sole voting and dispositive power with respect to these shares.
4. For more information concerning the relationships among the reporting persons, see their Initial Statement of Beneficial Ownership of Securities dated March 25, 2004 with respect to securities of the issuer. Each of the reporting persons disclaims beneficial ownership of the securities of the issuer, except to the extent of their respective pecuniary interests therein, and this report should not be deemed an admission that any of them is the beneficial owner of any of such securities for purposes of Section 16 or any other purpose.

/s/ Timothy P. McCarthy poa 03/26/2004  
for Arthur L. Cahoon

\*\* 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.