FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | en | | | | |
| 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(h) |

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* STEWART BERNIE W | | | | | | 2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [HOS] | | | | | | | | | Check all a | pplicable) ector | | Person(s) to Issuer 10% Owner | |
|--|--|--------|-------------------------------|--|---|--|-------------------------------------|----------------------|--------------------------------------|---------------|---|---|--|--|----------------------|--|--|--|---|
| (Last) (First) (Middle) 103 NORTHPARK BOULEVARD, SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2017 | | | | | | | | | | ficer (give title low) | Other (specify below) | | |
| (Street) COVINGTON LA 70433 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X Fo | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person 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. Transac Date (Month/Date) | | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | rities Acquired (A) ed Of (D) (Instr. 3, | | | nd Sec Ben Owi | mount of urities eficially ned Following orted | Forn (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | v | Amount | | (A) or (D) | Price | Trai | isaction(s) tr. 3 and 4) | | | (msu. 4) | | | |
| COMMO | 07/01 | 1/2017 | /2017 | | | A | | 7,951 ⁽¹⁾ | | A | \$0. | 00 | 71,568 | | D | | | | |
| | 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) | Conversion or Exercise (Month/Day/Year) Execution Date, if any | | Transaction Code (Instr. 8) S | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | ative rities ired osed | 6. Date E: Expiratio (Month/D | n Date | e An ar) Se Un De Se | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | F C C | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | | | Expiration Date | or Numbe of Title Shares | | | | | | | |

Explanation of Responses:

1. Represents a restricted stock award granted to the reporting person for service as a non-employee director of the Company, which vested in full on the Grant Date.

Remarks:

/s/ Beth A. LaBrosse as POA for Bernie W. Stewart

07/05/2017

** 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.