FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									

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## 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

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1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>HUNT BRUCE W</u>				/T.	/LA [ HOS ]							_	X Direct	or		10% Ov	/ner		
(Last) (First) (Middle) 103 NORTHPARK BOULEVARD					<u> </u>								Office below	(give title		Other (s below)	pecify		
					3. Date of Earliest Transaction (Month/Day/Year)														
			02/	02/22/2005															
SUITE 300						If Amendment, Date of Original Filed (Month/Day/Year)							6 1	6. Individual or Joint/Group Filing (Check Applicable					
					4. "	4. п Атпенитені, расе от Опутаї Епец (монстрау/чеаг)								Line)					
(Street)	OTTON I		E0 400											X Form	filed by One	Repo	rting Persor	n	
COVINC	GTON L	A	70433											Form	filed by Mor	e than	One Repor	ting	
														Perso	n				
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriva	ative	e Se	curitie	s A	cquired, I	Dis	posed o	f, or Bei	neficial	ly Owne	d				
1. Title of S	Security (Ins	tr. 3)		2. Transa	action	ction 2A. Deemed			3. 4. Securit		ities Acquired (A)		5. Amou	ınt of			7. Nature		
Date			Date (Month/D	)av/Ye		Execution Date, if any (Month/Day/Year)			Transaction Disposed Code (Instr. 5)		d Of (D) (Instr. 3, 4 an		Securities Beneficially		Form: Direct (D) or Indirect		of Indirect Beneficial		
Į (iiio				(	-u,,								Owned	ned Following (i) (l		Instr. 4)	Ownership		
								Code	v	Amount	(A) or (D)	Price	Reporte Transac	ction(s)			(Instr. 4)		
											7	(D)	1	(Instr. 3	and 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			(0	e.g., p	uts,	call	s, warı	rant	s, option	s, c	onvertil	ole secu	rities)		_				
1. Title of	2.	3. Transaction	3A. Deemed		4. Transaction Code (Instr.		. Derivative		6. Date Exercisa Expiration Date (Month/Day/Yea		ble and	7. Title and		8. Price of	9. Number		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D								·)	Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	Beneficial	
(Instr. 3) Price of (Month/Day/Year) 8)			3)		Securities Acquired		Underlying Derivative Sec				(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)				
Security						(A) or (Instr. 3 and 4)								Following		(I) (Instr. 4)	(111301.4)		
						Disposed of (D)								Reported Transaction	on(s)				
						(Instr. 3, 4 and 5)							(Instr. 4)						
		H			and 3)							-							
													Amount or						
									Date	Ι,	Expiration		Number of						
				c	Code	٧	(A)	(D)	Exercisable		Date	Title	Shares						
Stock										T									
Option (right to	\$23.1	02/22/2005			Α		4,000		02/22/2006 <sup>(</sup>	1) (	02/22/2015	Common Stock	4,000	\$0	4,000		D		
buy)																			

## **Explanation of Responses:**

1. The option provides for vesting in three equal annual installments commencing on 02/22/2006.

/s/ Timothy P. McCarthy as poa 02/24/2005 for Bruce W. Hunt

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.