FORM 4

1. Name and Address of Reporting Person* **SCF IV GP LTD PARTNERSHIP**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

By SCF-

IV, L.P.(2) By SCF-IV, L.P.(2) By SCF-IV, L.P.(2)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Instruc	ction 1(b).			Fil							ies Exchan mpany Act			34			Tiodis	per resp		
1. Name and Address of Reporting Person* SIMMONS L E			2. I H	2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [HOS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X Other (specify								
(Last) (First) (Middle) 600 TRAVIS STE 6600					3. Date of Earliest Transaction (Month/Day/Year) 08/29/2005							\dashv	below) X below) Member of Group							
(Street) HOUSTON TX 77002				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)													Pers	son			
			le I - No			_			1	, Dis	posed o				ally					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)					rities Acquired (A) ed Of (D) (Instr. 3,			4 and 5) Secu Bend Own Rep		icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indired Beneficia Ownersh (Instr. 4)
						_			Code	V	Amount	;	(A) or (D)	Price			action(s) 3 and 4)			D. CC
Common	Stock			08/29	9/2005	5			S ⁽¹⁾		100,00	00	D	\$31	.65	3,9	946,208		I	By SCI IV, L.P
Common	Stock			08/30	0/2005	5			S ⁽¹⁾		100,00	00	D	\$33	.41	3,8	346,208		I	By SC: IV, L.P
Common	Stock			08/3	1/2005	5			S ⁽¹⁾		128,00	00	D	\$35	5.5	3,7	718,208		I	By SC: IV, L.P
		Ţ									osed of, onvertib				y Ov	wned				
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)		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	nount mber ares						
	nd Address of	Reporting Person	*																	
(Last)	AVIS STE 6	(First)	(Mid	ldle)																
(Street)	ON	TX	770	002																
(City)		(State)	(Zip)																
1. Name a		Reporting Person	*																	
(Last)	AVIS STE 6	(First) 600	(Mid	ldle)																
(Street)	ON	TX	770	002																
(City)		(State)	(Zip))																

(Last) 600 TRAVIS ST	(First) ΓΕ 6600	(Middle)	
(Street) HOUSTON	TX	77002	
(City)	(State)	(Zip)	

Explanation of Responses:

- 1. Reflects sale of common stock of issuer held by SCF-IV, L.P. $\,$
- 2. The reporting person is sole stockholder and sole director of L.E. Simmons & Associates, Incorporated, a Delaware corporation (LESA), which is the sole general partner of SCF-IV GP Limited Partnership, a Delaware limited partnership (SCF-IV GP), SCF-IV 3i LP, a Delaware limited partnership (SCF-IV MP). Additionally, SCF-IV GP is the sole general partner of SCF-IV LP, a Delaware limited partnership (SCF-IV). Based on the reporting person's affiliation with SCF-IV, SCF-IV GP, SCF-IV MP, and LESA (collectively the "Related Entities"), the reporting person may be deemed to beneficially owned by the Related Entities.

Remarks:

L.E. Simmons is signing for himself, as the designated filer, as well as in his capacity as attorney-in-fact for LESA, SCF-IV GP, and SCF-IV.

L.E. Simmons 08/31/2005

** 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.