FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APP	OMB APPROVAL						
AL OWNERSHIP	OMB Number:	3235-0287						
TE OWNER COM	Estimated average burden							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1932

STATEMENT OF CHANGES IN BENEFICIA hours per response: 0.5 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]											onship of Reporting all applicable) Director		g Pers	10% O	wner
(Last) (First) (Middle) 103 NORTHPARK BOULEVARD, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2014										Offi belo		icer (give title ow)		Other (specify below)	
(Street) COVING			70433 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individue)	Form	or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting son			
		Tabl	e I - Non	-Deriv	ative	Se	curitie	s Ac	qui	ired,	Disp	osed o	f, or	Bene	eficia	ally C)wne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					Execution Date		,	Transaction Dis		Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 65)			4 and Secui Bene		cially I Following	Form (D) or	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount	(A) or O)	Price	Trar		saction(s) r. 3 and 4)			(
COMMON STOCK 10/01/					/2014	/2014			A		790 ⁽¹⁾ A		Α	\$ <mark>0</mark> .	00	37,517			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
perivative Conversion Date Executive curity or Exercise (Month/Day/Year) if any			3A. Deeme Execution if any (Month/Da	Date,	Code (Instr.		n of		Ex	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	ı .		9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da Ex	ate cercisab		Expiration Date	Title	of Sha	res						

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.

/s/ Mark S. Myrtue, as POA for 10/03/2014 Bernie W. Stewart

** 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.