(Last)

(Street)

600 TRAVIS STE 6600

(First)

(Middle)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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: ted average burden er response: 0.5

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

By SCF-

IV, L.P.(2)

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

U obligat	n 16. Form 4 or ions may conti tion 1(b).			Fil							ities Exchar					III.	per response:	0 
1. Name and Address of Reporting Person*  SIMMONS I. E.  HO						or Section 30(h) of the Investment Company Act of 1940  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 Vother (specify				
(Last) (First) (Middle) 600 TRAVIS STE 6600				3. Date of Earliest Transaction (Month/Day/Year) 09/29/2005								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  Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)		-									X	Pers		ie iliali Olie Ke	porting
		Tab	le I - No	n-Deri	vative	Sec	curiti	ies Ac	quire	d, Di	sposed o	of, or	Benef	icially	Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Da			Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Secui	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indire Beneficia Ownersh (Instr. 4)	
									Code	v	Amount	(A (D	() or ()	rice	Transaction(s) (Instr. 3 and 4)			(111301.4)
Common Stock 09/29/2				9/2005	2005		S <sup>(1)</sup>		2,000,0	00	D S	35.35	1,	591,008	I	By SC IV, L.F		
		Ta									osed of, convertib				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)			Transaction Code (Instr.		of		6. Date Exercisable a Expiration Date (Month/Day/Year)		7. Titl Amou Secur Under Deriva Secur and 4	int of rities rlying ative rity (Insti	Der Sec (Ins	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er				
ı	nd Address of ONS L E	Reporting Person*	*															
(Last)	VIS STE 6	(First)	(Mic	ddle)														
(Street) HOUSTON TX 77002			002															
(City)		(State)	(Zip	)														
1. Name ar		Reporting Person*	*															
(Last) 600 TRA	VIS STE 6	(First) 600	(Mic	ddle)														
(Street)	ON	TX	770	002														
(City)		(State)	(Zip	)		- $ $												
ı		Reporting Person*																

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 Management Partners 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.

## Domarko

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.

<u>L.E. Simmons</u> 10/03/2005

\*\* 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.