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
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* HORNBECK TODD M					2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HORN	BECK TO	<u> </u>					HOS]	10	1101	OIL	L OLIVI	CLU	1110	2	X Direc	ctor		10% (Owner	
(1 4)	(F:	+>	N 4: -1 -11 - N			<u></u>									C Offic	er (give titl	le	Other below	(specify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									Delo	,	ident & CEO		'		
103 NORTHPARK BOULEVARD, SUITE 300				02/	02/18/2015								Trestacin a GEO							
(Stroot)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) COVINGTON LA 70433													1	Line) X Form filed by One Reporting Person						
				-										Form filed by More than One Reporting						
(City)	(St	ate) (Zip)												Pers	son				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
[0		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)					es ally Following	6. Owner Form: D (D) or Ir (I) (Insti	Direct Indirect Er. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Pric	е	Transaci (Instr. 3	tion(s)			(Instr. 4)		
COMMON STOCK			02/18/	Π			F		6,607(1)	D	\$2	1.49	.49 898,768		D					
COMMO	N STOCK														35,2	264 ⁽²⁾	I		By Limited Partnership	
COMMO	OMMON STOCK													1,650		I	[]	By Wife		
COMMO	N STOCK														20,0	000(3)	I		By Family Trusts	
COMMO	N STOCK														7	70	I		By UTMA custodian for child	
COMMON STOCK														220		1	[]	By IRA		
		Та	ble II -								osed of,			•	Owned					
				· • · ·		alls					convertib			es)						
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any C				ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e C s s lly D o (I	0. Ownership Orm: Oirect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code V		v	(A)	(D)	Date Exercis	sable	Expiration Date	Amount or Number of Shares		er							

Explanation of Responses:

- 1. Disposition of these shares represents payment of tax liability by delivering or withholding securities incident to the vesting of a restricted stock award issued in accordance with Rule 16b-3.
- 2. Represents shares beneficially owned by Reporting Person through a Family Limited Partnership
- 3. Represents shares beneficially owned by Reporting Person through various family trusts.

Remarks:

/s/ Beth A. LaBrosse as POA 02/20/2015 for Todd M. Hornbeck

** 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.