FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	
TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	IΡ

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

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

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 Report (Check all applicable) X Director			.,	ssuer	
					<u>/L</u> /	<u>4</u> [:	HOS]													
(Last) (First) (Middle)															X	belov	er (give title v)	below	(specify	
(Last) (First) (Middle) 103 NORTHPARK BOULEVARD, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 02/22/2013											Presider	nt & CEO	´	
103 NOF	THPARK I	SOULE VARD,	SUITE 30	00	02/	2212	013													
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
COVINGTON LA 70433															X	Form filed by One Reporting Person			son	
-																		e than One Re	oorting	
(City) (State) (Zip)																Pers	on			
		Tab	le I - No	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	of, o	r Ber	nefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac					ction	tion 2A. Deemed 3.					3. 4. Securities Acquired (A)				r	5. Amo	ount of	6. Ownership	7. Nature of	
Date				Date			Execution Date,		Transa Code (Securities Beneficially		Form: Direct (D) or Indirect	Indirect Beneficial	
				(Monthibay/Tear)		(Month/Day/Year)										Owned Following		(I) (Instr. 4)	Ownership	
								Code	v	Amount		(A) or Price		Reported Transaction(s)			(Instr. 4)			
CONDICTORY				00/00/00/0					1				(D)				3 and 4)	Б.		
COMMON STOCK				02/22/2013		_			F		6,530 ⁽¹⁾		D	\$4	2.35	818,993		D		
COMMON STOCK																1	1,650	I	By Wife	
																			By	
COMMO	N STOCK															2	0,000	I	Family	
																			Trusts ⁽²⁾	
												T		İ					By	
																			UTMA	
COMMO	N STOCK																70 I custodi			
																			for child	
COMMON STOCK																	220	I	By IRA	
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		16									sed of, onvertib					wneu				
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Nu	mber	6. Date E	xerci	sable and	7. 7	Title and	d	8. P	rice of	9. Number o	f 10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any		Transa Code (of E Derivative (Securities		n Dat			Amount of Securities			vative urity	tive derivative ity Securities 5) Beneficially	Ownership Form:	of Indirect Beneficial Ownership (Instr. 4)	
(Instr. 3)	Price of		(Month/Da		8)		Secu			(Month/Day/Ye		Un	derlying	g		str. 5)		Direct (D)		
	Derivative Security						Acquired (A) or						Derivative Security (Ins		r. 3		Owned Following	or Indirect (I) (Instr. 4)		
							Disposed of (D)					and	and 4)				Reported Transaction	1'''		
					(Instr. 3, 4										(Instr. 4)		`			
				F	-		and 5)					-	A mr		-					
													Amo or		1					
									Date		Expiration		Nu of	ımber						
					Code					Exercisable Date				nares						

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 various family trusts.

/s/ Paul M. Ordogne, as poa for 02/26/2013 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.