FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | | | | | |

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| l | OMB Number: | 3235-0287 |
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| l | Estimated average burd | en |
| l | 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

| Name and Address of Reporting Person* MELCHER PATRICIA B | | | | | | | 2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [HOS] | | | | | | | | | olicable) ctor | g Person(s) to Issuer 10% Owner | |
|--------------------------------------------------------------|-----------------------------------------------------------------------|------------------|----------------------------------------------|-------------------------------------------------------------|--------|----------------------------------------------------------|----------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|-----|----------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|
| (Last) | ` | rst) (BOULEVARD, | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2015 | | | | | | | | | belo | er (give title w) | Other (specify below) | | | |
| (Street) COVINGTON LA 70433 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tab | le I - Nor | n-Deri\ | /ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Benef | icially | / Own | ed | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Secu | | icially d Following | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | of Indirect |
| | | | | | | | | | Code | v | Amount | (A (C | () or () | Price | Trans | action(s) 3 and 4) | | (5 4) |
| COMMON STOCK | | | | |)/2015 | | | | A | | 1,031 | (1) | A | \$0.00 | 50,001 | | D | |
| COMMO | COMMON STOCK | | | | | | | | | | | | | | 1,000 | | I | by IRA |
| | | Та | able II - I | | | | | | | | sed of, onvertib | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, Transaction | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title Amou Secur Under Deriva Secur and 4 | nt of ities lying ative ity (Inst | De Se (In | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | • | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amou or Numb of Share | er | | | | |

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.

Remarks:

/s/ Beth A. LaBrosse as POA for Patricia B. Melcher 02/12/2015

** 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.