FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| · · · · · · · · · · · · · · · · · · · | OMB APPROVAL | | | | |
|--|--------------|----------|--|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | | |
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87 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

| Name and Address of Reporting Person* Meyers Kevin Omar | | | | | HC | 2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [HOS] | | | | | | | | | heck all ap | olicable) ctor | | Person(s) to Issuer 10% Owner Other (specify below) | |
|---|--|--|-------|--------|--|---|-------------------|---|--|----------|--|--|-------------|--------------------------|---|---|--|---|--|
| (Last) (First) (Middle) 103 NORTHPARK BLVD, SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2015 | | | | | | | | | Offic belo | er (give title w) | | | |
| (Street) COVINGTON LA 70433 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Lir | ne) X Forr Forr | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Dat | | | Transaction Disposed Of Code (Instr. 5) | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | d Secur Benef Owne | icially d Following | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect lirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount (A) | | N) or D) | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (111501.4) |
| COMMON STOCK | | | 04/01 | I/2015 | | | | A | | 1,185(1) | | A | \$0.0 | 00 1 | 13,832 | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | onversion Date Execution Date, Exercise (Month/Day/Year) if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any if any | | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr.: and 4) | | unt | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Ind (I) (In | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Cod | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of Shar | es | | | | | | | |

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 Kevin Omar Meyers

04/02/2015

** 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.