## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	DVAL							
OMB Number:	3235-0287							
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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person*  MELCHER PATRICIA B						2. Issuer Name <b>and</b> Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [ HOS ]									Check all a	oplicable) ector	ng Person(s) to Issuer 10% Owner		
(Last)	,	BOULEVARD,	Middle) SUITE 30	00		3. Date of Earliest Transaction (Month/Day/Year) 10/11/2017								1		cer (give title ow)	Other (specify below)		
(Street) COVINC			70433 (Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X Fo Fo				
		Tab	le I - Noi	n-Deriv	ative	Sec	curitie	s Acc	quired,	, Dis	posed o	f, or	Bene	eficia	ally Ow	ned			
				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				nd Secu Bend Own	nount of irities eficially ed Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	
									Code	v	Amount	Amount (		Price	Tran	saction(s) r. 3 and 4)		(1130.4)	
COMMON STOCK 1					1/2017				A		22,110	(1)	Α	\$ <mark>0</mark> .	.00	116,688			
COMMON STOCK													1,000		I	by IRA			
		Ta									sed of, onvertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,		Transaction Code (Instr.		of		Exercison Dat Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)		Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Sha	ber					

## **Explanation of Responses:**

1. Represents a restricted stock unit award granted to the reporting person for service as a non-employee director of the Company, which vested in full on the Grant Date. This Longevity Grant is awarded pursuant to the Company's Non-Employee Director Compensation Policy.

## Remarks:

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

10/13/2017

\*\* 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.