FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | | |
| 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

| | d Address of Samuel | HC | 2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [HOS] | | | | | | | | Check a | ll appli Direct | icable) | 10% (| erson(s) to Issuer 10% Owner Other (specify | | | |
|--|---|---|--|--|------|--|-------|---|---|------------------------------------|--------------------|---|--|--|--|--|---|--|
| (Last) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2009 | | | | | | | | Senior VP & General Counsel | | | | , | | | | |
| (Street) COVINGTON LA 70433 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X 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. Transaction Date (Month/Day/Y | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of | | | Acquire (D) (Inst | d (A) or r. 3, 4 and | 5. Amount of Securities Beneficially Owned Following Reported | | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | (A) or (D) | Price | 1 | Transa: | ction(s) 3 and 4) | | (111501.4) | | | |
| COMMO | N STOCK | 009 | 9 | | | J | | 185(1) | A | \$14.8 | 58 5 | | 8,799 | D | | | | |
| COMMO | 009 |)9 | | | S | | 1,244 | D | \$21.94 | 51 ⁽²⁾ | 57,555 | | D | | | | | |
| 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ate Exerc ration D nth/Day/` | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Pric Deriva Securi (Instr. | vative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

- 1. Shares acquired through the Company's Employee Stock Purchase Plan (ESPP).
- 2. The price represents the weighted average price for multiple transactions reported on this line. Prices ranged from \$21.00 to \$21.99. Reporting Person will provide, upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares transacted at each separate transaction price.

/s/ Paul M. Ordogne, as poa for Samuel A. Giberga 12/15/2009

** 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.