## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

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Name and Address of Reporting Person*  HORNBECK TODD M							2. Issuer Name <b>and</b> Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
,						_ <u> </u>	<u>/LA</u> [ HOS ]									X Direc		۵		Owner (specify		
(Last)	(	(First	t) (1	Middle)		3 Da	Date of Earliest Transaction (Month/Day/Year)								-	X Officer (give title below)			below			
103 NORTHPARK BOULEVARD, SUITE 300							03/24/2015									President & CEO						
(Street)					4. If <i>i</i>	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							
(City) (State) (Zip)																	Form filed by More than One Reporting Person					
			Tabl	e I - No	n-Deri\	/ative	Sec	uritie	s Acc	quired	, Dis	sposed o	f, or E	Benefi	cial	ly Own	ed					
Dat				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) c (D)	Pric	e	Reported Transact (Instr. 3	tion(s)			Instr. 4)		
СОММО	N STOCI	K			03/24/	2015				P 1,997 A \$18 <sup>(1)</sup> 905,979 D					D							
СОММО	N STOCI	K 03/24/2015							P		1,997	A	\$1	.8(2)	42,5	511 <sup>(3)</sup>			By Limited Partnership			
COMMO	N STOCI	K														1,0	650		I I	By Wife		
СОММО	N STOCI	K														20,0	000(4)			By Family Trusts		
COMMON STOCK															70			I	By UTMA custodian or child			
СОММО	N STOCI	K														2	20		I I	By IRA		
			Та	ble II -								osed of, onvertib				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3. Transaction Date Month/Day/Year)	3A. Deer Execution if any (Month/E	ned	4. Transac Code (li 8)	ction	on of			Exerci on Da	sable and te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		3	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
														or Numbe	<sub>er</sub>							

Exercisable

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 6, 2015.
- 2. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Limited Partnership on March 6, 2015.
- 3. Represents shares beneficially owned by Reporting Person through a Family Limited Partnership
- 4. Represents shares beneficially owned by Reporting Person through various family trusts.

## Remarks:

/s/ Beth A. LaBrosse as POA for Todd M. Hornbeck

of Shares

03/26/2015

\*\* 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).

Code

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.