FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| 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

| 1. Name and Address of Reporting Person* SWYKA NICHOLAS LEW JR | | | | | | | 2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [HOS] | | | | | | | | | all app | olicable) | 1 | Person(s) to Issuer 10% Owner | |
|--|--|-------|------|--------|---|--|---|-------|---------------------|--|--------------------|--|---|--|---|---------------------------|---|---|--------------------------------|--|
| (Last) (First) (Middle) 103 NORTHPARK BLVD, SUITE 300 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2017 | | | | | | | | | | w) | | Other (specify below) | |
| (Street) COVINGTON LA 70433 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) 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. Transar Date (Month/Date | | | | | | ar) I | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | action (Instr | n Dispose | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | Securi Benefi Owned | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| COMMO | N STOCK | /2017 | 2017 | | | A | | 5,080 | 80 ⁽¹⁾ A | | \$0 | .00 | 47,542 | | D | | | | | |
| COMMON STOCK | | | | | | | | | | | | | | | | 7,420 ⁽²⁾ | | I | | held by Family Trust |
| | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | | | Expirati | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | ivative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code V | | v | (A) | (D) | | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

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.
- 2. Represents shares beneficially owned by reporting person through a Family Trust over which the reporting person has voting power.

Remarks:

/s/ Beth A. LaBrosse as POA for Nicholas L. Swyka 04/04/2017

** 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.