FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT	OF CHAN	GES IN BENEF	<b>ICIAL OWNE</b>	ERSHIP

UMB APPRO	VAL							
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

Name and Address of Reporting Person*     ANNESSA CARL G					2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [ HOS ]								(Check all applical Director		, 10% Owne		ner	
(Last) 103 NOR	(Fir ΓHPARK B	st) OULEVARD, S	(Middle) UITE 300		3. Date of Earliest Transaction (Month/Day/Year) 02/14/2012						X	below) "	,	Presid	below) ent & CO	´		
(Street) COVING			70433 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Di		2. Transac Date (Month/Da	Day/Year) if a		Deemed cution Date, y nth/Day/Year	Transaction Dispose Code (Instr.		4. Securit Disposed	ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		'. Nature of ndirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Pri	се	Reported Transactio (Instr. 3 an	n(s) id 4)			Instr. 4)		
COMMON STOCK 02/14				02/14/2	1/2012		A		22,442	(1) A		\$ <mark>0</mark>	196,	412	D			
COMMON STOCK 02/14			02/14/2	4/2012		A		9,618(	2) A		\$ <mark>0</mark>	206,030		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)  (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)		Code	Transaction Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	or Nui Date Expiration of					ount mber ares	(Instr		U.1(3)									
PHANTOM RSU, CISH- ONLY RIGHTS	(3)	02/14/2012		A			18,000 <sup>(3)</sup>	02/14/20	)15	02/14/2015	COMMON STOCK	18	,000	\$0	18,000	0	D	

## **Explanation of Responses:**

- 1. These time-vest restricted stock unit awards will vest in three equal annual installments on the 1st, 2nd and 3rd anniversaries of the Grant Date.
- 2. These performance-vest restricted stock unit awards can vest in whole or in part on the 3rd, 4th, and/or 5th anniversaries of the Grant Date based upon the Company achieving certain levels of specified performance objectives.
- 3. These time-vest phantom restricted stock unit awards will vest in whole on the third anniversary of the Grant Date, each is the economic equivalent of one share of Common Stock, and the phantom shares are payable only in cash based on the market price of the Company's stock on that date.

/s/ Paul M. Ordogne as poa for

Carl G. Annessa

02/16/2012

\*\* 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.