FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

TATEMENIT	OE (	CEC IV	I RENEEK	$M \cap M$	MEDCL

	OMB APPROVAL									
	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

1. Name and Address of Reporting Person*  ANNESSA CARL G				<u>H</u> (	2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [ HOS ]									neck a	all applica Director	,		on(s) to Issu 10% Ow Other (s	vner	
(Last) 103 NOR	`	(First) (Middle) RK BOULEVARD, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 02/06/2020									X Officer (give title Other (specify below)  Executive Vice President & COO					
(Street) COVINGTON LA 70433 (City) (State) (Zip)				- 4. l	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						
		Tal	ole I - No	n-Deri	vativ	e Se	curi	ties Ac	quired	Dis	sposed o	of, o	r Bene	eficial	ly O	wned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		Code (	Transaction Disposed Of (E Code (Instr.		ies Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5)   S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Dwnership				
									Code	v	Amount		(A) or (D)	Price	- 17	Reported Transactio (Instr. 3 au	on(s)		1	(Instr. 4)
COMMON	N STOCK			02/06	5/2020	2020		М		69,436		A	(1)		359,538(2)			D		
COMMON STOCK 02/06/					5/2020	2020		F		16,908 <sup>(3)</sup>		D	\$0.09	97	342,630		D			
COMMON STOCK														5,000			I	By IRA		
			Table II -								osed of converti				Ow	ned				
Derivative Conversion Date Exec Security or Exercise (Month/Day/Year) if any			3A. Deeme Execution if any (Month/Da	Date, Transaction Code (Inst			n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			of S Und	itle and A securities lerlying D urity (Ins	erivativ	Deriva		9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amoun or Numbe of Shares						
PHANTOM STOCK	(1)	02/06/2020			M			69,436	(1)		(1)		MMON	69,43	5	(1)	69,43	37	D	

## **Explanation of Responses:**

- 1. Represents the one-third vesting and net-share settlement of a time-vest phantom restricted stock unit award with a Grant Date of February 6, 2018. Each phantom unit is the economic equivalent of one share of the Company's Common Stock.
- 2. Includes 500 shares acquired under the Company's employee stock purchase plan on June 30, 2019 and 500 shares acquired under the Company's employee stock purchase plan on December 31, 2019.
- 3. Disposition of these shares represents payment of tax liability by delivering or withholding securities incident to the vesting of a phantom restricted stock unit award issued in accordance with Rule 16b-3.

## Remarks:

/s/ Beth A. LaBrosse, as POA for Carl G. Annessa

02/10/2020

\*\* 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.