FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* HORNBECK TODD M						2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [ HOS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) 103 NORTHPARK BOULEVARD, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 03/17/2017									X Officer (give title Other (speci below) below)  President & CEO					
(Street) COVING (City)	COVINGTON LA 70433					Line) X Form filed by 0											Group Filing (Check Applicable One Reporting Person More than One Reporting			
1. Title of Security (Instr. 3) 2. Transacti				2. Transactio	n 2 (ear) if	2A. Deemed Execution Date, if any (Month/Day/Year)		<b>,</b>	3. Transac Code (Ir 8)	tion	4. Securities Acquired (A Disposed Of (D) (Instr. 3, and 5)			) or 5. Amo 4 Securi Benefi Owned		unt of ies ially	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership	
									Code V		Amount	(A) or (D)		e	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
СОММО	N STOCK			02/24/201	17				G		126,726	D	\$0	.00	925	5,902		D		
COMMO	N STOCK			03/17/201	17				P		61,250	A	\$3.	26 <sup>(1)</sup>	987	7,152		D		
COMMO	N STOCK														42,	511(2)		I	By Limited Partnership	
СОММО	N STOCK														1,	650		I	By Wife	
COMMON STOCK													20,0	000(3)		I	By Family Trusts			
COMMON STOCK														,	70		I	By UTMA custodian for child		
COMMON STOCK														2	20		Ι	By IRA		
		Ta	able	II - Derivat				•	,	•	osed of, convertib			•	Owned	l				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Yea of ative		3A. Deemed Execution Date,		I. Fransaction Code (Instr.		mber ative ities red sed 3, 4	f 6. Date Exer Expiration (Month/Day		rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8 0 E S (I	8. Price of Derivative Security (Instr. 5)	9. Number derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	re es ally ig d ion(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership	
					Code	V (A) (D)		(D)	Date Exercisable		Expiration Date	Title	or Numb of Share							

## Explanation of Responses:

- 1. The price represents the weighted average purchase price for multiple transactions reported on this line. Purchase prices ranged from \$3.18 \$3.32. 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 purchased at each separate purchase price.
- 2. Represents shares beneficially owned by Reporting Person through a Family Limited Partnership.
- 3. Represents shares beneficially owned by Reporting Person through various family trusts.

## Remarks:

/s/ Beth A. LaBrosse as POA for Todd M. Hombeck 03/20/2017

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $<sup>^{\</sup>star}$  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.