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*  Giberga Samuel A  (Last) (First) (Middle)  103 NORTHPARK BOULEVARD, SUITE 300					3. Dat 02/10	2. Issuer Name and Ticker or Trading Symbol HORNBECK OFFSHORE SERVICES INC /LA [ HOS ]  3. Date of Earliest Transaction (Month/Day/Year) 02/16/2018							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below) below)  Executive VP & General Counsel					
(Street) COVING (City)		ate) (Z	0433 Zip)	Law Davis		4. If Amendment, Date of Original Filed (Month/Day/Year)								. 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-Deriva  1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				ion	on 2A. Deemed			3. Transact	ion	4. Securities Acquired (A Disposed Of (D) (Instr. 3			5. Amour	s	6. Ownership Form: Direct (D) or		7. Nature of Indirect		
				(Month/Day			iny onth/Day/Year)		Code (In 8) Code	str. V	5) Amount	(A) or (D)	Price	Owned Followin Reported Transact	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ct (I)	Beneficial Ownership (Instr. 4)	
COMMON STOCK 02				02/16/2	2018				М		15,68	7 A	(1)	(1) 209,751		D			
COMMON STOCK 02				02/16/2	2018				D		15,68	7 D	\$3.57	194,064		D			
COMMON STOCK 02/			02/16/2	.018				F		4,612	2) D	\$3.73	189,452		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)	if any	, ,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/D	xerci:	sable and 7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4		d Amount ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followir Reporter Transact (Instr. 4)	ve es ally ng d	10. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Number of Shares						
PHANTOM STOCK	(1)	02/16/2018			М			15,687	(1)		(1)	COMMON STOCK	15,687	(1)	15,6	87	D		

## Explanation of Responses:

- 1. Represents the one-third vesting and cash settlement of a time-vest phantom restricted stock unit award with a Grant Date of February 16, 2016. Each phantom unit is the economic equivalent of one share of the Company's Common Stock. The phantom shares are payable in cash or stock at the election of the Company. Cash awards are based on a 10 day trailing average of the market price of the Company's stock on the vesting date. No shares were actually issued, converted, or sold in connection with this transaction.
- 2. Disposition of these shares represents payment of tax liability by delivering or withholding securities incident to the vesting of a restricted stock unit award issued in accordance with Rule 16b-3.

## Remarks:

/s/ Beth A. LaBrosse as POA for Samuel A. Giberga

02/21/2018

\*\* 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.