

HORNBECK OFFSHORE SERVICES INC /LA
 Form 4
 February 12, 2015

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549**

OMB APPROVAL

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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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 MCCARTHY TIMOTHY P

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)

(Last) (First) (Middle)
 103 NORTH PARK BLVD, SUITE 300
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 02/10/2015

____ Director
 Officer (give title below) _____ Other (specify below)
 SVP & Chief Human Resources Of

COVINGTON, LA 70433

(City) (State) (Zip)

4. If Amendment, Date Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)
 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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Price		
				Code	V	Amount	
COMMON STOCK	02/10/2015		A	(1)	\$ 0	49,555	D
COMMON STOCK	02/10/2015		A	(2)	\$ 0	63,154	D

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

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 control number.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
PHANTOM RSU, CASH - ONLY RIGHTS	(3)	02/10/2015		A	5,724 (3)	02/10/2018 02/10/2018	PHANEX15 5,

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MCCARTHY TIMOTHY P 103 NORTH PARK BLVD, SUITE 300 COVINGTON, LA 70433			SVP & Chief Human Resources Of	

Signatures

/s/ Beth A. LaBrosse as POA for Timothy P. McCarthy
Date: 02/12/2015

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) These time-vest restricted stock 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 awards can vest in whole or in part on the 3rd anniversary 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.