#### HORNBECK TODD M

Form 4

February 20, 2009

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** Number:

3235-0287

Expires:

January 31, 2005

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Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations may continue. See Instruction

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* HORNBECK TODD M

2. Issuer Name and Ticker or Trading

Symbol

(Month/Day/Year)

HORNBECK OFFSHORE SERVICES INC /LA [HOS]

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

X\_ Officer (give title

Issuer

10% Owner Other (specify

02/18/2009

below)

\_X\_\_ Director

President & CEO

103 NORTHPARK BOULEVARD, **SUITE 300** 

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

COVINGTON, LA 70433

(City)	(State) (Z	Zip) Table	I - Non-De	rivative S	Securit	ies Acqu	uired, Disposed o	of, or Benefici	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	4. Securin(A) or Di (Instr. 3,	isposed	of (D)	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)
COMMON STOCK							1,650	I	By Wife
COMMON STOCK							20,000	I	By Family Trusts (1)
COMMON STOCK							70	I	By UTMA custodian for child
COMMON STOCK							220	I	By IRA
							124,000	I	

COMMON By Limited STOCK Partnership (2)

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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9. Nu Deriv Secur Bene Owne Follo

Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Security or E (Instr. 3) Pric Der	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)
			(Instr. 3, 4, and 5)				Amount	
		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	or Number of Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
HORNBECK TODD M 103 NORTHPARK BOULEVARD, SUITE 300 COVINGTON 1 A 70433	X		President & CEO			

### **Signatures**

/s/ Paul M. Ordogne, as poa for Todd M.
Hornbeck
02/20/2009

\*\*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) Represents shares beneficially owned by Reporting Person through various family trusts.

Reporting Owners 2

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- (2) Represents shares beneficially owned by the Reporting Person through a limited partnership.
- (3) 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.

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.