Edgar Filing: HORNBECK OFFSHORE SERVICES INC /LA - Form 4

HORNBECK (Form 4	OFFSHORE SEF	VICES II	NC /LA								
June 27, 2016 FORM Check this b		Washington, D.C. 20549									
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per											
(Print or Type Res	sponses)										
1. Name and Address of Reporting Person <u>*</u> Meyers Kevin Omar			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)			
(Month/				ate of Earliest Transaction nth/Day/Year) 23/2016				X_ Director 10% Owner Officer (give title Other (specify below) below)			
	(Street)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
COVINGTON	I, LA 70433							Form filed by Me Person	ore than One Rep	porting	
(City)	(State) (Z	ip)	Table I	- Non-Der	ivative Sec	curitie	s Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	n(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	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	06/23/2016			А	12,277 (1)	А	\$0	35,113	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.

 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting O whet I value / i kaar cos	Director	10% Owner	Officer	Other			
Meyers Kevin Omar 103 NORTHPARK BLVD, SUITE 300 COVINGTON, LA 70433	Х						
Signatures							
/s/ Beth A. LaBrosse as POA for Kevin Omar							
Meyers		06/	27/2016				
**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).

Represents a restricted stock unit award granted to the reporting person for service as a non-employee director of the Company, which

(1) vested in full on the Grant Date. This Longevity Grant is awarded pursuant to the Company's Non-Employee Director Compensation Policy.

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.