

Hawaiian Telcom Holdco, Inc.
 Form 4
 August 13, 2015

FORM 4

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

OMB APPROVAL

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 Expires: January 31, 2015
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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 *
 Twin Haven Capital Partners, L.L.C.

2. Issuer Name and Ticker or Trading Symbol
 Hawaiian Telcom Holdco, Inc.
 [HCOM]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 33 RIVERSIDE AVENUE, 3RD FLOOR,
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 08/11/2015

____ Director
 ____ Officer (give title below)
 10% Owner
 ____ Other (specify below)

WESTPORT, CT 06880

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

(City) (State) (Zip)

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)	
				Code V	Amount	(A) or (D)	Price	
Common Stock	08/11/2015		P		\$ 22.8762	702,180	I	See footnotes (1) (2)
Common Stock						1,457,000	I	See footnotes (2) (3)

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

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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)	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)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Transaction (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Twin Haven Capital Partners, L.L.C. 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880		X		
Twin Haven Special Opportunities Fund IV, L.P. C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C. 33 RIVERSIDE AVE., 3RD FLOOR WESTPORT, CT 06880		X		
Twin Haven Special Opportunities Partners IV, LLC C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C. 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880		X		
Mellinger Paul C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C. 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880		X		
Webster Robert C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C. 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880		X		

Signatures

TWIN HAVEN CAPITAL PARTNERS, L.L.C., By: /s/ Paul Mellinger, Managing Member

08/13/2015

__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) See Exhibit 99.1; Note 1.
 - (2) See Exhibit 99.1; Note 2.
 - (3) See Exhibit 99.1; Note 3.

Remarks:

Exhibit List:

Exhibit 99.1 - Explanation of Responses

Exhibit 99.2 - Joint Filers' Names and Addresses

Exhibit 99.3 - Joint Filers' Signatures

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.