

Webster Robert
 Form 4
 November 23, 2012

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 *
 TWIN HAVEN SPECIAL
 OPPORTUNITIES FUND III, L.P.

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)

3. Date of Earliest Transaction (Month/Day/Year)
 11/20/2012

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

C/O TWIN HAVEN CAPITAL
 PARTNERS, L.L.C., 33
 RIVERSIDE AVENUE, 3RD
 FLOOR

(Street)

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

6. Individual or Joint/Group Filing(Check Applicable Line)

___ Form filed by One Reporting Person
 X Form filed by More than One Reporting Person

WESTPORT, CT 06880

(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 Ownership (Instr. 4)
				(A) or (D) Code V Amount (D) Price			
Common Stock, par value \$0.01 per share (11/20/2012		P	600 A \$ 16.98	1,201,200	D (1) (2)	
Common Stock	11/20/2012		P	900 A \$ 17	1,202,100	D (1) (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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(9-02)

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 Beneficially Owned (Instr. 5)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
TWIN HAVEN SPECIAL OPPORTUNITIES FUND III, L.P. C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C. 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880		X		
Twin Haven Special Opportunities Partners III, L.L.C. C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C. 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880		X		
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 SPECIAL OPPORTUNITIES FUND III, L.P., /s/ Paul Mellinger, Name:
Paul Mellinger, Title: Managing Member

11/23/2012

__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.

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.