FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | |
|--|---|----------------|--|---|-----------------------|-----------------------|-------------------------------|--------------------------------------|---|---|--------------------|--|--|---|---|--|
| 1. Name and Address of Reporting Person* WILLIAMS WALTER L | | | | 2. Issuer Name and Ticker or Trading Symbol CHENIERE ENERGY INC [LNG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) 700 MILAM STREET, SUITE 800 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/17/2013 | | | | | | | | Office | er (give title belo | ow) | Other (specify l | pelow) |
| (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 Person | | | | | | |
| HOUST | ON, TX 77 | 002 | | | | | | | | | | | ed by whole than | One Reporting | CISOII | |
| (City |) | (State) | (Zip) | | Ta | ble I | - Non | -Deriv | vative S | ecurities | Acqui | ired, Disp | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | if Code (Instr. 8) | | | 4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | 6. Ownership Form: | Beneficial |
| | | | (Month/Day/Year) | | | ode | V | Amoun | (A) or (D) | Price | (Instr. 3 a | or I | | or Indirect | Indirect (Instr. 4) | |
| Common | Stock | | 01/17/2013 | | | (| G | V | 2,000 | D | \$ 0 | 278,575 | | | D | |
| Common Stock | | | | | | | | | | | | 10,000 | | | I | By Wife |
| | | | | Derivative Se | | | quire | the fo | orm dis | plays a of, or Ben | curre: | ntly valid | OMB cont | spond unle trol numbe | | |
| 1. Title of | 12 | 3. Transaction | 1 | e.g., puts, cal | | irrani 5. | ts, opt | | | | | itle and | 9 Dries of | 9. Number | of 10. | 11. Natur |
| | Conversion or Exercise Price of Derivative Security | | Execution Da | te, if Transac | Transaction Number of | | ative ities ired rosed) . 3, | and Expiration Date (Month/Day/Year) | | | Amo Und Secu | ount of lerlying urities tr. 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | hip of Indirect Beneficia Ownershi (Instr. 4) |
| | | | | Code | V | (A) | (D) | Date Exerc | | Expiratior Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| D (O N (| Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| WILLIAMS WALTER L 700 MILAM STREET SUITE 800 HOUSTON, TX 77002 | X | | | | | | |

Signatures

| /s/ Cara E. Carlson under POA by Walter L. Williams | 01/22/2013 |
|---|------------|
| **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).

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.