

(Print or Type Responses)

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

OMB APPROVAL			
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nours per response			

INITIAL STATEMENT OF 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

C/O ICAHN CAPITAL LP, 767 FIFTH AVENUE, SUITE 4700 (Street) Issuer (Check all applicable) _X_Director _Officer (give titleOther (specify)	nal or Joint/Group Filing(Check					
(Street) — Officer (give title — Other (specify 6. Individua	ne)					
below) below) Applicable Line Applicabl	d by More than One Reporting Person					
(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned						
1. Title of Security (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (I) (Instr. 5) 4. Nature of Indirect (Instr. 5)	t Beneficial Ownership					
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 to the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)						
(Instr. 4) and Expiration Date (Month/Day/Year) and Expiration Date (Month/Day/Year) Security (Instr. 4) and Expiration Date (Month/Day/Year) and Expiration Da	6. Nature of Indirect Beneficial Ownership (Instr. 5)					
Date Exercisable Expiration Date Title Amount or Number of Shares Security (D) or Indirect (I) (Instr. 5)						

Reporting Owners

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
CHRISTODORO JONATHAN C/O ICAHN CAPITAL LP 767 FIFTH AVENUE, SUITE 4700 NEW YORK, NY 10153	X			

Signatures

/s/ Cara E. Carlson under POA by Jonathan Christodoro		08/25/2015
**Signature of Reporting Person		Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

Remarks:

EXHIBIT LIST: EX-24 Power of Attorney for: /s/ Cara E. Carlson under POA by Jonathan Christodoro

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.

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints Michael J. Wortley, Greg W. Rayford and Cara E. Carlson, signing singly, the undersigned's true and lawful attorne 1. execute for and on behalf of the undersigned, in the undersigned's capacity as a director of Cheniere Energy, Inc. (the "Company"), Forms ID, 3, 4 and 5, pursuant to Section 16(a) of the Se 2. do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, Form 4, Form 5 or Form 144 and timely file take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally requi

The undersigned hereby grants such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary or proper to be done in the exercise of This Power of Attorney shall remain in full force and effect until the undersigned is no longer a director of the Company unless earlier revoked by the undersigned in a signed writing delivered t IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this ___ day of August, 2015.

/s/ Jonathan Christodoro Name: Jonathan Christodoro