### FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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nours per response	e 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 Responses	s)																		
1. Name and Address of Reporting Person * BRANDOLINI NUNO					2. Issuer Name and Ticker or Trading Symbol CHENIERE ENERGY INC [LNG]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
167 EAS	) T 80TH S	(First) TREET		(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/19/2016						-	Office	r (give title belo	ow)	Other (speci	y belo	w)		
NEW YORK, NY 10075				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City		(State)		(Zip)			Ta	able I	- Nor	ı-De	erivative	Securi	ities A	Cquir	red, Dispo	osed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3)  2. Transactio Date (Month/Day/		nsaction th/Day/Year)	Execu any		if	Code (Instr. 8)		tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:		Beneficial			
					(Mont	h/Day/Yea	ar)	Cod	de	V	Amount	(A) or (D)	Pr	rice	or (I)		Direct (E or Indirect (I) (Instr. 4)	-	wnership nstr. 4)	
Common	Stock		08/19	9/2016				S			8,999	D	\$ 45.3 (1)	3405	249,602			D	,	
Common	Common Stock												6,000			I E		y Wife		
Reminder:	Renort on a s	enarate line	for each	n class of secu	ırities k	veneficially	v ov	wned o	direct	ly or	r indirectl	lv								
Temmeer.	report on a s	ерагате ппе	ior caci	retass of seet	inico c	enerician <sub>.</sub>	y 0 v	whea c		Per con	sons what	no res	form	n are	not requ	ction of inf ired to res OMB cont	ormation spond unle	ss	C 14	74 (9-02)
				Table II -							-	-			y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day		3A. Deemed Execution D any (Month/Day	ate, if	4. Transactic	on	5.	ative ities ired rosed ) . 3,	and Expiration Date (Month/Day/Year)  See (Ir 4)		7. Tit Amor Unde Secur	punt of erlying urities r. 3 and Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owne Form Deriv Secur Direct or Inc	of ative ity: t (D) lirect	Beneficia Ownershi (Instr. 4)		
						Code	V	(A)	(D)	Dat		Expira Date	ation	Title	or Number of Shares					

## **Reporting Owners**

B 41 0 V 4	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BRANDOLINI NUNO 167 EAST 80TH STREET NEW YORK, NY 10075	X							

#### **Signatures**

/s/ Sean N. Markowitz under POA by Nuno Brandolini	08/19/2016		
**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).
- (1) This price represents the weighted average sale price. The sale prices for these transactions ranged from \$45.28 45.42. The Reporting Person undertakes to provide upon the request of the Securities and Exchange Commission, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

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.