FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Responses	5)																	
1. Name and Address of Reporting Person* KILPATRICK DAVID B					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						
(Last) (First) (Middle) 35 HARBOR RIDGE DR.					3. Date of Earliest Transaction (Month/Day/Year) 11/16/2017							-	Office	r (give title belo	ow)	Other (specify	below)		
(Street) NEWPORT BEACH, CA 92660				4. If	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)			T	able I	- Noi	n-De	erivative	Securi	ities A	cquii	red, Disp	osed of, or I	Beneficially	Owned		
(Instr. 3)			2. Transaction Date (Month/Day/Year)	any	tion Date, if		Code (Instr. 8)		tion	(A) or Disposed of (Instr. 3, 4 and 5)		d of (E	f (D) Benefic Report		ount of Securities icially Owned Following ted Transaction(s)		Ownership Form:	of India Benefic	Beneficial
			(Month/Day/Year)		ear)	Co	de	V	Amount	(A) or (D)	Pri	ice	(Instr. 3	, (Direct (D) or Indirec (I) (Instr. 4)	Owners (Instr. 4		
Common Stock		11/16/2017				S			9,785	D	\$ 49.2 (1)	2747	2,464			D			
Common Stock		11/17/2017				S	S		10,215	D	\$ 49.0 (2))286	93,265			I	Famil Trust	•	
Reminder:	Report on a s	eparate line	for each class of secu	urities b	peneficial	ly o	wned		Per cor	sons wh	no res	form	are	not requ	ction of inf uired to res OMB conf	spond unle	ess	C 1474 (9	9-02)
			Table II -							Disposed s, conver	-			y Owned					
Security	Conversion Date		Execution D any	l ate, if	4. te, if Transaction Code Year) (Instr. 8)		Number a		6. I and (M	b. Date Exercisable and Expiration Date Month/Day/Year)		e de la	7. Tit Amo Unde Secu	tle and unt of crlying rities : 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form Ouriva Securi Direct or Ind	ship of I Ben tive ty: (Ins	Beneficia Ownersh (Instr. 4)
					Code	V	(A)	(D)	Da ^a Exc	te ercisable	Expira Date	ation ,	Title	Amount or Number of Shares					

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KILPATRICK DAVID B 35 HARBOR RIDGE DR. NEWPORT BEACH, CA 92660	X					

Signatures

/s/ Sean N. Markowitz under POA by David B. Kilpatrick

11/20/2017

**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).
- This price represents the weighted average sale price. The sale prices for these transactions ranged from \$49.2710 to \$49.2753. The Reporting Person undertakes to provide (1) 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.
- This price represents the weighted average sale price. The sale prices for these transactions ranged from \$49.00 to \$49.0584. The Reporting Person undertakes to provide (2) 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.