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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|---|---|--|--|--|--------------|---|--------|--|---------|------------------------|---|--|----------------|---|--|---|----------|
| 1. Name and Address of Reporting Person * Foley David | | | | 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) C/O THE BLACKSTONE GROUP L.P.,, 345 PARK AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2018 | | | | | | Office | r (give title belo | ow) | Other (speci | y belov | w) | | |
| NFW VO | ORK NV | (Street) | | 4. If Am | nendment, | Date | Origin | al File | d(Month | /Day/Year) | | _X_ Form fil | ed by One Repo | Group Filing orting Person One Reporting | | icable I | Line) |
| NEW YORK, NY 10154 (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) | | | (Instr. 8) | | (A) or Disposed or | | of (D) | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | Ownership Form: | ip of Be | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (Month/Day/Year | | | ode | V Amo | | (A) or (D) | Price | (Instr. 3 a | u 4) | | \ / | | nstr. 4) |
| Common | Stock | | 05/17/2018 | | | 1 | A | 1 | ,933 | A | \$ 0 (1) | 0 (2) | | | D | | |
| | | | Table II - 1 | | | | quire | the for d, Disp | rm dis | splays a of, or Ben | curre eficial | ntly valid | OMB con | spond unle trol numbe | | | |
| | | ı | | | s, calls, wa | | | | | | | | | 1 | | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | Execution Dat | | | 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) | | Am Und Sec | itle and ount of lerlying urities tr. 3 and | | | Owne Form Deriv Secur Direc or Inc | of ative ity: t (D) lirect | Beneficial Ownership (Instr. 4) | |
| | | | | Code | ode V | (A) | | Date Exerci | | Expiration Date | n Title | Amount or Number of Shares | | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | |

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Foley David C/O THE BLACKSTONE GROUP L.P., 345 PARK AVENUE NEW YORK, NY 10154 | X | | | | | |

Signatures

| /s/ David Foley | 05/21/2018 |
|----------------------------------|------------|
| ***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) The shares were issued as a restricted stock grant and therefore no consideration was given by the Reporting Person.
 - Mr. Foley disclaims beneficial ownership of these securities and the inclusion of the securities in this report shall not be deemed an admission of beneficial ownership for
- (2) purposes of Section 16 or any other purpose. Mr. Foley is an employee of The Blackstone Group L.P. or one of its affiliates ("Blackstone"). Pursuant to arrangements between Mr. Foley and Blackstone, Mr. Foley is required to transfer to Blackstone any and all compensation received in connection with his directorship for any company Blackstone invests in or advises.

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.