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* New Jason Griffin | | | | 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) 280 PARK AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2009 | | | | | | Office | er (give title belo | ow) | Other (specify b | elow) | |
| (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 | | | | | |
| NEW YO | ORK, NY | 10017 | | | | | | | | | | ed by whole than | One Reporting | CISOII | |
| (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) | | if Co | f Code (Instr. 8) | | 4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5 | | of (D) | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | 6. Ownership Form: | Beneficial | |
| | | | (Month/Day/Yea | | Code | V | Amou | (A) or | Price | | r. 3 and 4) | | \ / | Ownership (Instr. 4) | |
| Common | Stock | | 06/15/2009 | | | A | V | 43,95 | | \$ 0 | 65,386 | (2) | | D | |
| | | | | Derivative Secur | | | cont the f | tained form di | in this fo splays a of, or Be | orm ar curre | e not requently valid | OMB con | spond unle | ss | 1474 (9-02) |
| 1. Title of | 2 | 3. Transactio | , | 4. | 5. | its, of | _ | | | | Title and | 8 Price of | 9. Number o | of 10. | 11. Nature |
| Derivative Security | Conversion or Exercise Price of Derivative Security | Date (Month/Day/ | Year) Execution Da | | f Transaction Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Am Und Sec | Amount | Derivative Security (Instr. 5) | | Ownersh Form of Derivati Security Direct (I or Indire | of Indirect Beneficial Ownershij (Instr. 4) | |
| | | | | Code V | (A) | (D) | Date | e rcisable | Expiration Date | On Titl | Amount or Number of Shares | | | | |

Reporting Owners

| D 4 0 V 4 | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| New Jason Griffin 280 PARK AVENUE NEW YORK, NY 10017 | X | | | | | |

Signatures

| /s/ Anne V. Vaughan under POA by Jason G. New | 06/17/2009 | | |
|---|------------|--|--|
| **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. The stock grant vests on June 15, 2010.
- Mr. New disclaims beneficial ownership of these shares. Mr. New is an employee of GSO Capital Partners LP or one of its affiliates ("GSO"). Under the terms of such (2) employment, Mr. New is required to transfer to GSO or its clients, as applicable, any and all compensation received in connection with his directorship for any portfolio companies managed by GSO.

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.