## 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)																
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) 03/05/2014						Office	er (give title belo	ow)	Other	(specify belo	ow)			
(Street) NEW YORK, NY 10154				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)				Table I - Non-Derivative Securities Acquire							uired, Disp	red, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye		Exec any		f Code (Instr. 8)			n 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		Fori	nership o m: B	eneficial
					(Moi	nth/Day/Year		ode	V	Amoun	(A) or t (D)	Price		Instr. 3 and 4)		\ /		wnership nstr. 4)
Common	Stock		03/0	05/2014				A		6,000	A	\$ 0 (1)	0 (2)			D		
						ative Securit		t	he fo	orm dis	splays a	curr neficia	ently valid	OMB con	spond unle trol numbe			
4 501 0		l. m .			e.g., p	outs, calls, w								l. n	l		4.0	144.37
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/			4. Transaction Code Year) (Instr. 8)		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)		An Un See	Fitle and nount of derlying curities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	y   1   1   1   1   1   1   1   1   1	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)	
						Code V	(A)		Date Exerc		Expiration Date	On Tit	Amount or Number of Shares					
Repor	ting O	wners				Code V	(A)					Tit	or Number of					

		Relationships						
	Reporting Owner Name / Address		10% Owner	Officer	Other			
C/O 345	y David THE BLACKSTONE GROUP L.P. PARK AVENUE W YORK, NY 10154	X						

## **Signatures**

/s/ David I. Foley	03/07/2014
**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.